

**VALENCIA COLLEGE  
AUTHORIZATION FOR INTERNATIONAL TRAVEL**

NAME: \_\_\_\_\_ VID # \_\_\_\_\_ Mail Code: \_\_\_\_\_  
 CITIES/COUNTRIES TO BE VISITED: \_\_\_\_\_

REASON FOR TRAVEL/COURSE PREFIX AND TITLE: \_\_\_\_\_

FLIGHT DATE AND TIME: \_\_\_\_\_ Departure: \_\_\_\_\_ Return: \_\_\_\_\_  
 PROGRAM DATE AND TIME: \_\_\_\_\_ Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

NON-VALENCIA FUNDING SOURCES: \_\_\_\_\_

*Please initial:*

- \_\_\_\_ I have included back-up documentation for the estimated expenses below (program provider quote, program itinerary, airline quote, hotel webpage, etc.).
- \_\_\_\_ NON-STUDY ABROAD: I have read and followed the steps for international travel: <http://valenciacollege.edu/international/studyabroad/staff/internationaltravel.cfm>
- \_\_\_\_ NON-STUDY ABROAD: I am aware that I must register my trip with the SAGE Office at least 15 days prior to travel.
- \_\_\_\_ CREDIT CARD USERS: I have researched the credit card options of my destination and am aware that some sites will no longer accept magnetic swipes.

ESTIMATED FUNDS REQUESTED:

I. HOTEL/ACCOMMODATIONS:  TRAVELER TO PAY  P-CARD  CHECK REQUEST  INCLUDED IN PROGRAM FEE

A. City 1:	Room Rate:	\$	# Nights:	Misc. (Internet, etc.):	\$	\$
B. City 2:	Room Rate:	\$	# Nights:	Misc. (Internet, etc.):	\$	\$
C. City 3:	Room Rate:	\$	# Nights:	Misc. (Internet, etc.):	\$	\$
D. City 4:	Room Rate:	\$	# Nights:	Misc. (Internet, etc.):	\$	\$

II. MEALS: (not included with program fee – State Dept. rates)  TRAVELER TO PAY  P-CARD  CHECK REQUEST  INCLUDED IN PROGRAM FEE

A. MEALS CITY 1:	Breakfast	\$	Lunch	\$	Dinner	\$	\$
B. MEALS CITY 2:	Breakfast	\$	Lunch	\$	Dinner	\$	\$
C. MEALS CITY 3:	Breakfast	\$	Lunch	\$	Dinner	\$	\$
D. MEALS CITY 4:	Breakfast	\$	Lunch	\$	Dinner	\$	\$

III. AIR & GROUND TRANSPORTATION:  TRAVELER TO PAY  P-CARD  AMEX  CHECK REQUEST  INCLUDED IN PROGRAM FEE

TRAVEL BY:  Airplane  Bus/Van  Taxi  Ferry/Boat \_\_\_\_\_ \$  
 Comments: \_\_\_\_\_

IV. PROGRAM REGISTRATION FEE:  TRAVELER TO PAY  P-CARD  CHECK REQUEST \_\_\_\_\_ \$

NUMBER OF PARTICIPANTS: \_\_\_\_\_ PER PERSON PROGRAM FEE: \$ \_\_\_\_\_ \$  
 Comments: \_\_\_\_\_

V. MEDICAL/TRIP INSURANCE:  TRAVELER TO PAY  P-CARD  CHECK REQUEST  INCLUDED IN PROGRAM FEE \_\_\_\_\_ \$

VI. ADDITIONAL PROGRAM FEES:  TRAVELER TO PAY  P-CARD  CHECK REQUEST \_\_\_\_\_ \$

Comments: \_\_\_\_\_

VII. MISCELLANEOUS. (List all other expenses): \_\_\_\_\_ \$

TOTAL ESTIMATED COSTS\* \$ \_\_\_\_\_

Enter the budget names, numbers, and managers into the table below:

BUDGET TO CHARGE	INDEX	ACCOUNT	\$ AMOUNT	BUDGET MANAGER SIGNATURE	BUDGET MANAGER NAME

GRAND TOTAL AMOUNT: \$ \_\_\_\_\_

\_\_\_\_ CASH ADVANCE REQUESTED FOR:  
 \$ \_\_\_\_\_

Traveler's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
 Approved by Supervisor \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

\*Payment will be made upon submission of a Per Diem Voucher following the trip with all receipts attached. \*\*Traveler's signature indicates that he/she is aware of the travel policies of Valencia College and understands that authorization is granted subject to conformity with said policies. Submit the form to Accounts Payable DTC-3