

## 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 _____
Approved by Campus/Vice Pres. _____	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 DO-330