



DISTRICT TRAVEL
AUTHORIZATION
FISCAL YEAR 24-25

Name _____ EMPLID _____

Title _____ Department _____

Usual Travel Budget _____

This is to authorize the above-named staff member to travel within Community College District 15 without individual authorization.

I hereby certify under penalty of perjury that I will submit true and correct claims for expenses incurred by me. Claims will be filed as an Expense Report in ctcLink.

Signature _____ Date _____

Approvals:

Supervisor _____ Date _____

Budget Expense
Manager _____ Date _____

Vice President _____ Date _____