



DISTRICT TRAVEL
AUTHORIZATION
FISCAL YEAR 23-24

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 _____