LOS ANGELES COMMUNITY COLLEGE DISTRICT
REQUEST FOR TRAVEL ADVANCE
INSTITUTE FOR INTERNATIONAL PROGRAMS

1. Name of Employee: ___________________________ Employee No. __________
Location: ___________________________________________________________________

2. Approved Conference Attendance Reference Number: TD__________

3. Approval Expense Allowance:
   A. Transportation
   B. Hotel and Meals
   C. Incidentals
   Total $0.00

4. Maximum Advance Allowed (90% of B & C) $0.00

I understand that this advance is to be used for the purpose of hotel, meals, and incidentals related to the approved Conference Attendance and that a travel expense claim must be filed within 10 days after returning from the conference.

Signature of Applicant ___________________________ Date March 27, 2007

Warrant No. ________________ Claim Due Date: ___________

Attach approved Travel Expense Claim in duplicate

5. Total Employee Expenses $__________

6. If the expense is greater than the advance, Amount due to employee $__________

7. If the advance is greater than the expense, Amount due to District (attached personal check) $__________