

River Valley Child Development Services Travel Request Form

The employee requesting approval completes the majority of this form and the Program Director completes a portion of the form.



Enter employee information and answer the credit card question

due 30 days prior to registration deadline or travel departure date

Requesting Employee Information

Name: Jane Doe Program: Choices Date of Request: 8/1/2021
 Email: jdoe@rvcds.org Job Title: Early Childhood Specialist
 Phone: 111-222-3333 Employee possesses a valid personal credit card? yes

select "purpose" of travel from drop down list. consult travel procedure definitions for information about each option

Travel and Event Information

supporting documentation must be attached

select "employee role" in event from drop down list. consult travel procedure definitions for information about each option

Purpose of Travel (Event): Conference Employee Role: Attendee
 if other, list reason: _____

Name of Event: Trainer Conference Enter name and location of event. Enter the start date & time and end date & time of event (not start of and of travel times) Event Location: Phoenix, Arizona
City and State

Event Start Date and Time: 11/2/2021 8:00 am Event End Date and Time: 11/5/2021 11:00 am
Date Time Date Time

How does this event apply to your position? Required Job Related Training
 if other, list reason _____

Explanation of Purpose:

The CCR&R policy and procedure manual states it is mandatory for Early Childhood Specialists attend the Trainer Conference on an annual basis.

select "how this event applies to employee position" from drop down list. consult travel procedure definitions for information about each option

provide explanation of the purpose of the travel/event attendance.

Estimated Expenses

from Travel Planning Form

Employee Reimbursable Expenses

Expense Type	Amount	Employee Advance
Mileage	\$ 33.60	Employee may request up to 100% of estimated employee expenses.
Parking	\$ 100.00	
Tolls		
Meals	\$ 222.00	
Comm. Trans	\$ 70.00	
Baggage		
Other		% <u>75%</u>
EMP. TOTAL \$ 425.60		Employee Adv. Total \$ 319.20

enter RVCDS prepaid expenses from the planning form

enter the % of cash travel advance you wish to receive prior to travel

RVCDS Direct Pay Expenses

Expense Type	Amount	Payment Method
Lodging	\$ 700.00	credit card
Airfare	\$ 475.00	credit card
Comm. Trans		
Baggage	\$ 60.00	credit card
Other		
Registration	\$ 325.00	check

RVCDS TOTAL \$ 1,560.00

Program Director selects the method of payment for each expense from drop down list

enter employee reimbursable expenses totals from the planning form

the advance total is the amount that will be used to claim the "cash advance" expense in Paycom

Program Director selects who will be completing credit card transaction

If requesting use of RVCDS credit card as a payment method, please indicate below who will be initiating transaction.

Program Director _____

By signing this document the employee agrees to abide by all RVCDS travel policies and procedures. Failure to abide by the policies and procedures may result in forfeiture or reduction of reimbursement, or the employee being held responsible for non-refundable and non-transferrable expenses.

each approval level is either indicated as "approved" or "denied"

Employee Signature Jane Doe Signature Date 8/1/2021 Date

Supervisor Review Signarture Sally Smith Signature Status Approved Date 8/2/2021 Date

Program Director Review Signature Holly Wilson Signature Status Approved Date 8/3/2021 Date

Agency Review Signature Riviera Valley Signature Status Approved Date 8/4/2021 Date