

Sacramento City College

Travel Justification Memo

Part 1 – Department Information and Signatures

To: _____
Dean/Supervisor, Title, Department

From: _____
Attendee, Title, Department

Date: _____

Subject: _____
Event title, Location, City, State

Justification (Event Description, Funding Sources)

Attendee**: _____ Date: _____
Title, Department

Authorization: _____ Date: _____
Dean/Supervisor, Title, Department

****Travel Authorization Exclusion** – *In cases in which funding limits are specified for travel, travel reimbursement may be limited to the amount originally authorized. I understand and acknowledge that I may be responsible for any unfunded or unexpected expenses associated with my authorized travel through Sacramento City College.*

Part 2 – Approvals

Approval: _____ Date: _____
College Service Area, Title

Approval: _____ Date: _____
Vice President, Administrative Services

Approval: _____ Date: _____
President