

**BROOKDALE COMMUNITY COLLEGE  
ASBCC TRAVEL/MISCELLANEOUS ADVANCE REQUEST**



Date \_\_\_\_\_  
 Chaperone Name \_\_\_\_\_ Employee ID No. \_\_\_\_\_  
 Club/Department \_\_\_\_\_  
 Purpose of Trip or Event \_\_\_\_\_

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Destination \_\_\_\_\_ # of Staff \_\_\_\_\_ # of Students \_\_\_\_\_  
*(please attach names of staff/student attending)*

**PROJECTED EXPENSES THIS TRIP / PERIOD:**

EXPENSE	AMOUNT
GAS	
LODGING	
MEALS	
REGISTRATION	
AIRFARE	
TOLLS/PARKING	
AUTO RENTAL	
MISCELLANEOUS	
<b>TOTAL</b>	
TRAVEL ADVANCE REQUEST	

Chaperone's Signature \_\_\_\_\_ Date \_\_\_\_\_

Club Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Life Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Number(s) \_\_\_\_\_

Approved by \_\_\_\_\_ Budget Approval \_\_\_\_\_  
*College Officer (Travel Advance Only)*

Approved by \_\_\_\_\_  
*President (Travel Advance Only)*

**All itemized receipts must be submitted to the Student Life Office  
within 10 working days of the stated return date.**