



**College of the Redwoods
In-District
Travel Authorization**

FISCAL YEAR 2024-2025

Please complete this form prior to any travel for In-District work.

Name: _____ Employee ID: _____

Department: _____

Location of Event: **Within College of the Redwoods District**

Date(s) of Event: **July 1, 2024 – June 30, 2025**

Purpose: **In-District Business**

Signature: _____ Date: _____

IN-DISTRICT (ONLY) APPROVED BY:

Manager: _____ Signature: _____ Date: _____

Senior Staff: _____ Signature: _____ Date: _____

SUBFUND	COST CENTER	PROGRAM	ACTIVITY	OBJECT