

Compton Community College District
Inter-Office Memo

Date _____

To: Accounts Payable

From: _____

Re: REQUEST FOR TRAVEL PRE-PAYMENT

Travel pre-payment in the amount of \$ _____

By _____ is needed for:
Date

Registration Fee (attach registration application, which includes the name and address)

Payee _____ \$ _____

Lodging (attach hotel confirmation, which includes the name and address)

Hotel Name _____ \$ _____

Other
Payee _____ \$ _____

_____ Please return warrant(s) to signer of this memo.

_____ Please return warrant(s) directly to vendor(s) as follows:

_____	_____
_____	_____
_____	_____

*A copy of the Travel Request and Reimbursement Form #20455, signed by your administrator, must accompany this Request.

* Retain the original Travel Request and Reimbursement Form#20455 to request reimbursement for meals, transportation, and miscellaneous expenses after your travel is completed.

* You must submit this to Accounts Payable 10 days prior to travel.