IMPERIAL VALLEY COLLEGE

TRAVEL REQUEST WITH
NO EXPENSE TO THE DISTRICT
AUTHORIZED ABSENCE

Date: _____

Name _____

Attendance at _____

Location _____

Emergency Phone _____

Date Departing _____ Time Departing_____

Date Returning _____ Time Returning _____

_____ _____
Employee Date

_____ _____
Division Chair Date

_____ _____
Vice-President Date