



**Tehama County Department of Education**

**Travel CAL-Card Request Form**

TCDE Employee Name: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date(s) of Travel:

Leave: \_\_\_\_\_ Return: \_\_\_\_\_

Travel Requisition Number: \_\_\_\_\_

Budget Number: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAL-Card Administrator Signature

\_\_\_\_\_  
Date