

San Luis Obispo County Community College District Conference Request/Travel Reimbursement Form

| | | | |
|---|------------------------|------------|---------------------|
| NAME | | BANNER ID# | |
| MAILING ADDRESS | | CITY | STATE ZIP |
| TITLE OF ACTIVITY | | LOCATION | |
| PURPOSE OF TRAVEL <small>(ATTACH ADDITIONAL PAGES, IF NEEDED)</small> | | | |
| ACTIVITY DATE(S) | DATE(S) AWAY FROM SITE | DEPARTMENT | |
| EMPLOYEE SIGNATURE (sign prior to travel) | | DATE | PHONE# or EXTENSION |

Advance Request

| | | | |
|-------------|----------|---------|--------------|
| Payable to: | Address: | Amount: | Date Needed: |
| | | | |
| | | | |

PRE-EVENT APPROVAL

Approvals: I find that the proposed travel meets the requirements of District policy and is consistent with the scheduling of any conference or training session to be attended.

| | | |
|-------------------------|------|----------------------------------|
| DIVISION CHAIR/DIRECTOR | DATE | |
| DEAN | DATE | VICE PRESIDENT/PRESIDENT DATE |

EXPENSE DETAIL (COMPLETE ACTUALS AFTER TRAVEL)

| ITEM | EST. COST | Sun. ____ | Mon. ____ | Tue. ____ | Wed. ____ | Thu. ____ | Fri. ____ | Sat. ____ | TOTAL |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------|
| CONFERENCE REGISTRATION/FEES | | | | | | | | | |
| LODGING | | | | | | | | | |
| TRANSPORTATION EXPENSE: AIRFARE, RENTAL CAR | | | | | | | | | |
| MILEAGE # <input type="text"/> \$ <input type="text"/> - | | | | | | | | | |
| OTHER TRAVEL EXPENSES TAXI, PARKING, ETC. | | | | | | | | | |
| MEALS ALLOWANCE: BREAKFAST (\$11) | | | | | | | | | - |
| LUNCH (\$12) | | | | | | | | | - |
| DINNER (\$23) | | | | | | | | | - |
| INCIDENTALS (\$5) | | | | | | | | | - |
| TOTAL: | - | - | - | - | - | - | - | - | - |

I hereby certify under penalty of perjury that:

1. I departed at ____ am/pm on ____/____/____ and returned at ____ am/pm on ____/____/____.
2. The above is an accurate accounting of my incurred expenses while in travel status.
3. The expenses claimed are not reimbursable to me or to the District from any other source.
4. My personal vehicle used for district business has the minimum insurance requirements required by law under the State of California and I carry a valid driver's license (if applicable).

LESS Amt Paid by Advance/CalCard:

AMOUNT DUE TO EMPLOYEE

-

| | | | | | | | |
|-----------|--|--|--|--|--|--|--|
| Account # | | | | | | | |
| Account # | | | | | | | |

| | |
|---|------|
| SIGNATURE OF EMPLOYEE (sign after travel is complete) | Date |
| SIGNATURE OF ADMINISTRATOR | Date |
| SIGNATURE OF BUDGET OFFICE | Date |

*** Total expense should not exceed Maximum \$ Allowed.**

I have attached the following receipts/documents to support my reimbursement:

- Conference brochure or meeting agenda
- Itemized lodging bill showing zero balance
- Conference registration
- Rental car, gasoline or mapped route for mileage
- Parking, Taxi, other

(MEAL RECEIPTS NOT REQUIRED, AS OF 7/1/19, unless required by funding agency)