

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 (ATTACH ADDITIONAL PAGES, IF NEEDED)									
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 (\$22)									-
LUNCH (\$23)									-
DINNER (\$36)									-
INCIDENTALS (\$5)									-
TOTAL:	-	-	-	-	-	-	-	-	-
I hereby certify under penalty of perjury that:						LESS Amt Paid by Advance/CalCard:			
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.						AMOUNT DUE TO EMPLOYEE			
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).									
Account #						* Total expense should not exceed Maximum \$ Allowed. I have attached the following receipts/documents to support my reimbursement: <ul style="list-style-type: none"> •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)			
Account #									
SIGNATURE OF EMPLOYEE (sign after travel is complete) _____ Date _____									
SIGNATURE OF ADMINISTRATOR _____ Date _____									
SIGNATURE OF BUDGET OFFICE _____ Date _____									

(To be signed after expenses are itemized/authorized for payment.)