

## 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)									-
<b>TOTAL:</b>	-	-	-	-	-	-	-	-	-

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)