



Log No.: _____
For Fiscal Services Use Only

CONFERENCE AND TRAVEL REQUEST/EXPENSE CLAIM FORM

Name: _____ Dept: _____
Home _____
Address: _____

Conference Name: _____
Conference Location: _____ Dates: _____

- Classified Full-Time Faculty Will POD funds be used? Yes No cost to the District
- Part-Time Faculty Management No

A CONFERENCE AND TRAVEL REQUEST

<input type="checkbox"/> Commercial Air	<input type="checkbox"/> Housing	<input type="checkbox"/> District Vehicle
<input type="checkbox"/> Automobile Rental	<input type="checkbox"/> Meals	<input type="checkbox"/> Bus* <input type="checkbox"/> Van* <input type="checkbox"/> Truck*
<input type="checkbox"/> Private Automobile	<input type="checkbox"/> Registration \$ _____	<input type="checkbox"/> Use of District Credit Card for District Vehicle Fuel Only <i>*Requires separate request not to be included in estimate.</i>
<input type="checkbox"/> Other Itemize: _____		
Account No.:	_____	Estimated Cost: _____
Account No.:	_____	Estimated Cost: _____
Account No.:	_____	Estimated Cost: _____

I recommend approval of the above request. To the best of my knowledge, expenses will not exceed available funds.

Staff Development / Date (POD Funds ONLY) _____
Immediate Manager's Approval / Date

Approved: _____
Superintendent/President or Designee / Date (Out-of-State ONLY) _____
Date of Board Approval (if required) ATTACH COPY

B CONFERENCE AND TRAVEL EXPENSE CLAIM

Commercial Air (Must submit AIRLINE RECEIPT)
From: _____ To: _____ and Return = _____ Total Airfare _____

AUTOMOBILE RENTAL (Must submit RECEIPT) _____ Total Rental _____

PRIVATE AUTOMOBILE
From: _____ a To: _____ & Return: = _____ Miles @ .56.5¢/mile Total Mileage _____

Garage or Parking Dates: _____ to _____ Days @ _____ /day Total Parking _____

Taxi / Bus fares (list separately)
Date: _____ From: _____ a _____ a _____ To: _____ Rate: _____
Date: _____ a _____ From: _____ a _____ To: _____ Rate: _____ Total Taxi/Bus _____

HOUSING (Must submit ITEMIZED HOTEL BILL)
Date: _____ Hotel: _____ City: _____ Rate: _____ /night
Date: _____ Hotel: _____ City: _____ Rate: _____ /night
Date: _____ Hotel: _____ City: _____ Rate: _____ /night Total Housing _____

MEALS	Breakfast	Lunch	Dinner	
Date: _____	_____	_____	_____	
Date: _____	_____	_____	_____	
Date: _____	_____	_____	_____	Total Meals _____

Claims over \$30.00/day require itemized receipts

REGISTRATION (Must submit RECEIPT) _____ Total Registration _____ a _____

OTHER (Please itemize) _____ Total Other _____

This is to certify that the above expenses were incurred without personal profit: **GRAND TOTAL**

Claimant's Signature _____ Date _____ Mgr. Approval _____ Date _____

(POD Funds ONLY)
POD Management Signature: _____ Date _____
Revised 1/1/13