



**CERRITOS
COLLEGE**

ASCC

Conference and Travel Expense Claim

Attach an approved Conference and Travel Request Form when submitting a claim to Fiscal Services.

PART I: TRAVELER & TRAVEL INFORMATION

Traveler Name: _____ Advisor _____ Student _____ Ext. _____
 Mailing Address: _____ Dates: _____
 Name of Conference/Trip: _____ Location (City and State): _____
 Name of Club/Dept: _____

PART II: CONFERENCE AND TRAVEL EXPENSE CLAIM Forms must be filed within thirty (30) calendar days after return from travel. Forms submitted to Fiscal Services after 30 calendar days, or forms that are incomplete and do not include the necessary itemized original receipts, may be denied for reimbursement.

If you're claiming mileage, please attach a Google map with this claim form for each destination.

Enter Dates Attended

MEALS									Subtotal
Breakfast									
Lunch									
Dinner									

Subtotal - Meals: _____

Enter Dates Attended

OTHER EXPENSES									Subtotal
Registration									
Lodging									
Parking									
Taxi/Shuttle									
Airfare									
Other (Refer to BP/AP 6900)									

Describe other: _____ Subtotal - Other Expenses: _____

Enter Dates Attended

MILEAGE									# Miles
Total miles per day									

Additional Comments: _____ Subtotal - Mileage (.70 cents per mile) _____

Total Personal Reimbursement Request _____

ACCOUNTS TO BE CHARGED (REQUIRED AND MUST MATCH TRAVEL REQUEST FORM)

Account Number	Percentage	Not to Exceed \$

PART III: APPROVAL AND AUTHORIZATION – I certify that all amounts claimed were actual and necessary, and that only allowable expenses are included.

Attendee: _____ Attendee Signature: _____ Date: _____
 Club Advisor/Dept Manager: _____ Advisor/Dept. Mgr Signature: _____ Date: _____
 _____ ASCC Student Approver: _____ Date: _____
 _____ Dean of Student Services Signature: _____ Date: _____