Clear Form

Cerritos Community College District

Conference and Travel Expense Claim

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

PART I: EMPLOYEE/CONFERENCE INFORMATION

Employee Name: _____ **Job Title:** _____ **Ext.** _____

Home Address: _____

Name of Conference: _____

Location (City and State): _____ Dates: _____

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								$ 0.00
Lunch								$ 0.00
Dinner								$ 0.00

Subtotal - Meals: $ 0.00

Enter Dates Attended

OTHER EXPENSES								**Subtotal**
Registration								$ 0.00
Lodging								$ 0.00
Parking								$ 0.00
Taxi/Shuttle								$ 0.00
Airfare								$ 0.00
Other (Refer to BP/AP 6900)								$ 0.00

Describe other: _____ **Subtotal - Other Expenses:** $ 0.00

Enter Dates Attended

MILEAGE								**# Miles**
Total miles per day								0.00

Additional Comments:

Subtotal - Mileage (.725 cents per mile) $ 0.00

Total Personal Reimbursement Request $ 0.00

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

Account Number Example: 01.0-00000.0-00000-00000-**5210**-0000000	Percentage	Not to Exceed $

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

Attendee: _____ **Signature:** _____ **Date:** _____

Immediate Manager: _____ **Signature:** _____ **Date:** _____

Vice President Signature: _____ **Date:** _____

Special Approval - President/Superintendent Signature: _____ **Date:** _____