



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 *Requires separate request not to be included in estimate.
<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: \_\_\_\_\_ To: \_\_\_\_\_ & Return: = \_\_\_\_\_ Miles @ .56.5¢/mile Total Mileage \_\_\_\_\_

Garage or Parking Dates: \_\_\_\_\_ to \_\_\_\_\_ Days @ \_\_\_\_\_ /day Total Parking \_\_\_\_\_

Taxi / Bus fares (list separately)  
 Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Rate: \_\_\_\_\_  
 Date: \_\_\_\_\_ From: \_\_\_\_\_ 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 \_\_\_\_\_

**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 11/13