|  |  |  |
| --- | --- | --- |
| Mt SAC Logo 018 |  | Log No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_For Fiscal Services Use Only                |

**CONFERENCE AND TRAVEL REQUEST/EXPENSE CLAIM FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Dept: |  |
| Home Address: |  |  | A# |
| 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | [ ]  | Commercial Air | [ ]  | Housing |  | [ ]  | District Vehicle |  |  |  |  |  |
| [ ]  | Automobile Rental | [ ]  | Meals |  |  | [ ]  | Bus\* | [ ]  | Van\* | [ ]  | Truck\* |
| [ ]  | Private Automobile | [ ]  | Registration  | $ | [ ]  | Use of District Credit Card for District Vehicle Fuel Only |
|  |  |  |  **\*Requires separate request not to be included in estimate.** |
|  | [ ]  | 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 @ | .56.0¢/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 1/1/13 |  |  |

**IN-STATE TRAVEL**

 **(NON-PROFESSIONAL & ORGANIZATIONAL DEVELOPMENT)**

1. Complete Section A – include account number(s) and cost estimate(s). Be as

accurate as possible in estimating costs.

2. Requestor submits travel request to immediate manager for approval.

3. If approved, immediate manager keeps copy of form and forwards approved

request to Fiscal Services. Non-approved request is returned to requestor.

4. Fiscal Services assigns a log number to approved request and returns form to

requestor.

5. After completion of travel, requestor/claimant completes Section B, signs and

 forwards claim form to immediate manager for approval with original receipts attached.

6. Immediate manager forwards approved claim form to Fiscal Services.

**PROFESSIONAL & ORGANIZATIONAL DEVELOPMENT**

 **FUNDS USE**

Steps 1 and 2 are the same as the In-State Travel instructions above.

3. Immediate manager keeps copy of form and forwards approved request to

Professional & Organizational Development for approval.

Non-approved request is returned to requestor.

4. Professional & Organizational Development forwards approved request to Fiscal Services. Non-approved request is returned to requestor. Fiscal Services assigns a log number to approved request and returns form to requestor.

Steps 5 and 6 are the same as the In-State Travel instructions above.

**OUT-OF-STATE TRAVEL**

Steps 1 and 2 are the same as the In-State Travel instructions above.

3. Immediate manager keeps copy of form and forwards approved request to the

Vice President for approval. Non-approved request is returned to requestor.

4. Vice President forwards approved request to Fiscal Services. Non-approved request is returned to requestor. Fiscal Services assigns a log number to approved request and returns form to requestor.

Steps 5 and 6 are the same as the In-State Travel instructions above.