RESET

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT

CONFERENCE REQUEST CLAIM

COMPLETE THIS FORM BEFORE ATTENDING (SEE INSTRUCTION ON BACK)

Employee Name / Employee No. / Request Date

Accounts Numbers: _____ Dept/Location: _____ / ____ Tel. No.: ____ - ____ - ____

PART I : REQUEST FOR APPROVAL/APPROVED ESTIMATED EXPENSES

Title of Conference/Seminar / Dates of Attendance/Travel

Location (City/State) / Sponsoring Organization

Briefly narrate purpose of Conference/Seminar and benefits to District: _____

Requestor's Signature

ESTIMATE EXPENSES

Transportation	$	Meal	$
Registration	$	Other	$
Lodging	$		

TOTAL: $ 0.00

APPROVED ESTIMATED EXPENSE

(to be completed by administrator)

TOTAL APPROVED ESTIMATED EXPENSES

$ 0.00

Signature of Administrator/Manager

Date of Board Approval (if required) / Signature of Chancellor, Vice Chancellor or President / Date

PART II: REQUEST FOR ADVANCES *(submit requisition and 2 photocopies - see instructions)*

(1) Transportation _____ $ _____

(2) Registration Fee (payee) _____ $ _____

(3) Lodging (payee) _____ $ _____

(4) Cash Advance (payee) _____ $ _____

TOTAL ADVANCE: must not exceed 75% of Total Approved Estimated Expense $ 0.00

PART III: ACTUAL EXPENSE REPORT/CLAIM FOR REIMBURSEMENT Complete & submit original Conf. Req. Claim Form to Accts Payable after attendance

(1) Transportation *(attach receipt)* _____ Air _____ Rail _____ Bus **1.** $ 0.00

Auto: *(not to exceed plane fare)* _____ to _____

(odometer readings)

TOTAL MILES _____ *x* * $ 0.535 = $ 0.00

(2) Registration Fee *(attach receipt)* …… **2.** $ _____

(3) Lodging *(attach receipt/exclude phone calls; parking)* …… **3.** $ _____

(4) Meals

Date	Breakfast	Lunch	Dinner	TOTALS
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00

TOTAL MEALS **4.** $ 0.00

(5) Other Expenses $ _____ $ _____

(Itemize and attach receipts)

TOTAL OTHER EXPENSE **5.** $ 0.00

TOTAL EXPENSE ***(not to exceed Approved Estimated Amount)*** $ 0.00

(6) Less Advances: (see PART II) …… **6.** $ 0.00

AMOUNT DUE RSCCD ***(Total Advances exceed Total Expenses)/***

AMOUNT DUE CLAIMANT ***(Total Expenses exceed Total Advances)*** $ _____

I certify that the above are actual and necessary expenses incident to this conference and if mileage is being claimed hereon, I had at the time of the use of my private automobile such insurance as required by district rules and regulations for Public Liability and Property damage.

Claimant Signature:_____ Direct Supervisor Signature:_____ Date:_____

Mileage rate effective January 2017