



TRAVEL REQUEST AND EXPENSE CLAIM

Part 1: Travel Request *(Complete and submit before attending conference.)*
Please type or print and ensure all information is provided as omissions can delay processing.

| | | | | |
|---------------|-----------|---------------------|----------|------------------|
| Employee Name | Job Title | Office / Department | Location | Day Phone Number |
| | | | | |

Conference Name *(Attach conference announcement, brochure, or other descriptive document.)*

| | | | | | | | |
|------|-------|---|-----------|-----------|--|--------|--------|
| City | State | Conference (Working) Dates <i>(Used to compute per diem days)</i> | Opening | Closing | Travel Dates <i>(See instructions tab)</i> | Depart | Return |
| | | | 9/13/2011 | 9/13/2011 | | | |

Purpose *Identify anticipated value to the District which will be derived from attendance.*

Estimated Expenses

Identify all anticipated expenses for this conference. Claim may be less than estimate but cannot exceed estimate amount.

- Total lodging, meals & incidentals cannot exceed the total per diem rate for the destination. Incidentals cannot exceed \$25/day and do not require receipts. See Instructions for additional details and restrictions.*
- Amount requested must be equal or less than maximum.*
- Use "Google Maps" to determine mileage. Personal vehicle travel cannot exceed economy airfare.*

| | | | | | |
|---|---------|---------------------|---|---------------|--|
| Section A. Daily Per Diem Limits <i>(Maximum Expenses Per Day)</i> | | | Section B. Total \$ Each Day X Per Diem Days | | |
| See Per Diem Rates Tab for amount to enter | Lodging | Meals & Incidentals | Total \$ <i>(Per Day)</i> | Per Diem Days | \$ Each Day X Per Diem Days <i>(Maximum Permitted)</i> |
| | \$3 | \$3 | \$6 | 1 | \$6 |

Section C. Total Requested Expenditures for Conference

| Category | Maximum Permitted | Amount Requested | Registration | Travel (Air/Train) | Mileage | Car Rental | Taxi / Shuttle | Parking / Tolls | Total Request |
|--------------------------------------|-------------------|------------------|--------------|--------------------|---------|------------|----------------|-----------------|---------------|
| Per Diem | \$6 | | | | | | | | \$0 |
| Non- Per Diem | | | | | | | | | \$0 |
| Total (Not to Exceed Amount): | | | | | | | | | \$0 |

Funding

| | | | | | | | | | |
|--------------|-----|------|-------------|--------|---------|-----------------|------|------|-------------------------------------|
| Source | | | | | | | | | |
| Coding | Loc | Fund | Cost Center | Object | Program | Activity Suffix | Proj | Line | Cost Center Manager Approval / Date |
| Registration | | | | 5205 | | | | | |
| Non-Local | | | | 5202 | | | | | |
| Local | | | | 5203 | | | | | |
| Membership | | | | 5301 | | | | | |

Advance Payment Request

- Must be submitted with designated approvals 15 days prior to event.*
- Advance payments are limited to registration plus 80% of the employee's remaining expenses.*

| | | | |
|--------------|----------------|--------------------|--------|
| Category | Payee on Check | Requisition Number | Amount |
| Registration | | | |
| Employee | | | |

Signatures and Approvals

| | | |
|-------------------------|-------------------|---|
| Employee / Date | Supervisor / Date | President's Signature / Date |
| | | Out of State Travel: Board of Trustees Approval Date |
| Business Officer / Date | Chancellor / Date | |