

**COAST COMMUNITY COLLEGE DISTRICT
CONFERENCE / MEETING / WORKSHOP
REIMBURSEMENT CLAIM FORM**

(must be completed for ALL travel)

CAR#: _____

Name _____ CCC District GWC OCC
First Name Middle Initial Last Name

Name of Conference _____ Employee ID: _____

Attendance Date(s) _____

ALLOWABLE EXPENSES

(Complete Upon Return Even if No Additional Expenses are Claimed; Attach receipts/documentation in the order listed below)

Airfare						
Auto Rental/Auto Rental Insurance						
Mileage						
Lodging						
Registration						
Meals						
<i>Meal expenses incurred during authorized travel will be paid in accordance with the prevailing per diem rates established by the U.S. General Services Administration (GSA) for Orange County, CA : Not to exceed \$81/day (sublimits per meal listed below)</i>						
DATE:						
Breakfast \$22/day						
Lunch \$23/day						
Dinner \$36/day						
Other Misc. Expenses						
Parking						
Shuttle/Taxi/Rideshare						
Other:						

TOTAL ACTUAL EXPENSES CLAIMED: _____

LESS ADVANCE AND/OR AMOUNTS CHARGED TO DISTRICT P-CARDS _____

P-Card Holder / Check Number _____

BALANCE TO EMPLOYEE/(NET AMOUNT OF THIS CLAIM) _____

I certify the above were all actual and necessary expenses incidental to this conference/meeting/workshop.

Budget Number(s) _____ Budget Amount(s) _____

Claimant _____ Date _____

Supervisor _____ Date _____

Business Office Manager _____ Date _____

This claim meets the provisions of E.C. 87032 and is for actual and necessary expenses approved beforehand and in accordance with Board of Trustees Policy, as shown on the attached excerpts of Board Minutes or Administrative Approval.

District Accounting