

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

(must be completed for ALL travel)

Employee ID # _____

Date: _____

Name _____

First Name Middle Initial Last Name

CCC

District

GWC

OCC

Name of Conference _____

Control # _____

Attendance Date(s) _____

ALLOWABLE EXPENSES

(Complete Upon Return Even if No Additional Expenses are Claimed)

Airfare						
Auto Rental/Taxi						
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 \$86/day (sublimits per meal listed below)</i>						
DATE:						
Breakfast \$22/day						
Lunch \$23/day						
Dinner \$36/day						
Other Misc. Expenses						
Parking						
Shuttle/Taxi:						
Other:						

TOTAL ACTUAL EXPENSES CLAIMED: _____

LESS ADVANCE AND AMOUNTS CHARGED TO DISTRICT CREDIT CARDS _____

Advance Received By _____

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) _____

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