



CONFERENCE REQUEST CLAIM

Employee Name: _____ Employee #: _____ Telephone #: _____ Site: _____ Department: _____
 Account #: _____ Requestor's Signature: _____ Request Date: _____

Part 1: Travel Authorization & Estimated Expenses	
Title of Conference: _____	
Sponsoring Organization: _____	
Location: _____	
Business Reason: _____	
Dates of Travel: _____ to _____	
Estimated Expenses	
Transportation: \$ _____	Meals: \$ _____
Registration: \$ _____	Other \$ _____
Lodging: \$ _____	TOTAL: \$ _____
Approved Estimated Expense	
\$ _____	
_____ Administrator/Manager Signature	
_____ Signature of Chancellor/Vice Chancellor/President	
_____ Date	

Part 2: Request for Advances	
Airfare booked by District's Travel Agency	
<i>E-mail pdf to Purchasing@rscsd.edu</i>	
(1) PR #: _____	\$ _____
Vendor ID: <u>2428705</u>	
All Other Advances	
<i>E-mail pdf of supporting documentation to Accounts Payable e.g. conference agenda, travel confirmation, receipts AP@rscsd.edu</i>	
(2) Employee Advance	\$ _____
Vendor ID: _____	
Notes: _____	
(3) Direct Pay – Registration	\$ _____
Vendor ID: _____	
Notes: _____	
(4) Direct Pay - Other	\$ _____
Vendor ID: _____	
Notes: _____	
* Total Advance	\$ _____
* Travel advance is limited to costs incurred prior to travel and is limited to 75% of the total approved estimated expenses.	
Reference: AR 7400	

Part 3: Actual Claims for Reimbursement			
<i>Complete and submit original form with receipts to Accounts Payable within 15 business days after return. AP@rscsd.edu</i>			
(1) Transportation \$ _____			
Air \$ _____		Other \$ _____	
Actual Miles: _____ X \$0.67 = _____			
(2) Registration Fee \$ _____			
(3) Lodging \$ _____			
(exclude phone calls, meals, parking)			
(4) Meals \$ _____			
Per Diem Rate: Breakfast \$14, Lunch \$25, Dinner \$35			
Date	Breakfast	Lunch	Dinner
(5) Other Expenses \$ _____			
Description		Amount	
		\$	
		\$	
		\$	
Total Expenses \$ _____			
(6) Less Total Advance (Part 2) - \$ _____			
Total Due Claimant \$ _____			

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

Signature of Claimant for Final Claim

Signature of Direct Supervisor

Date