



## 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

E-mail pdf to [Purchasing@rsccd.edu](mailto:Purchasing@rsccd.edu)

(1) PR #: \_\_\_\_\_ \$ \_\_\_\_\_

Vendor ID: 2428705

#### All Other Advances

E-mail pdf of supporting documentation to Accounts Payable  
e.g. conference agenda, travel confirmation, receipts

[AP@rsccd.edu](mailto:AP@rsccd.edu)

(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

Complete and submit original form with receipts to Accounts Payable  
within 15 business days after return.

[AP@rsccd.edu](mailto:AP@rsccd.edu)

(1) Transportation ..... \$ \_\_\_\_\_

Air \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Actual Miles: \_\_\_\_\_ X \$0.70 = \_\_\_\_\_

(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