# RANCHO SANTIAGO
## Community College District

# CONFERENCE REQUEST CLAIM

Employee Name:_____ Employee #:_____ Telephone #:_____ Site:_____ Department:_____

Account #:_____ Requestor's Signature: _____ Request Date: _____

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### 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

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### Part 2: Request for Advances

**Airfare booked by District's Travel Agency**

(email photocopies to purchasing@rsccd.edu)

(1) PR #: _____ $_____

    Vendor ID: 2428705

**All Other Advances**

(mail photocopies to Accounts Payable)

(2) Employee Advance $_____

    Vendor ID:_____

    Notes: _____

(3) Direct Pay – Registration $_____

    Vendor ID:_____

    Notes: _____

(4) Direct Pay - Other $_____

    Vendor ID:_____

    Notes: _____

**Total Advance** $_____

(not to exceed 75% of Total Approved Estimated Expenses)

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### Part 3: Actual Claims for Reimbursement

Complete & submit original form with receipts to Accounts Payable after attendance

**(1) Transportation** …………………………… $_____

Air $_____ Other $_____

Actual Miles: _____ X $0.56 = $_____

**(2) Registration Fee** ..…………………………. $_____

**(3) Lodging** …………………………………… $_____

   (exclude phone calls, meals, parking)

**(4) Meals** …………………………………… $_____

Per Diem Rate: Breakfast $12, Lunch $22, Dinner $30

| Date | Breakfast | Lunch | Dinner |
|------|-----------|-------|--------|
|      |           |       |        |
|      |           |       |        |
|      |           |       |        |
|      |           |       |        |

**(5) Other Expenses** ………………………… $_____

| Description | Amount |
|-------------|--------|
|             | $      |
|             | $      |
|             | $      |

**Total Expenses** ……………………………… $_____

**(6) Less Total Advance** (Part 2) …………… - $_____

**Total Due Claimant** ……………………… $_____

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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