



# AP REIMBURSEMENTS (CONFERENCE, MILEAGE, CHECK REQUESTS)

## FISCAL SERVICES TRAINING 5-14-24



# AGENDA

CONFERENCE REQUEST

CLAIM FORM (CRCF)

MILEAGE REIMBURSEMENT

CLAIM FORM

REQUEST FOR CHECK



# CONFERENCE REQUEST CLAIM (CRC)

PLEASE DOWNLOAD THE LATEST  
CONFERENCE REIMBURSEMENT CLAIM  
FORM ONLINE AS WE UPDATE PER DIEM  
AND MILEAGE RATE WHEN WE ARE  
NOTIFIED (LAST UPDATE 01/01/2024)

# AUTHORITY

- Who has authority to approve travel?
- Chancellor has given authority to approve travel requests to Cabinet Members for work-related travel within employee's scope
- Who has authority to approve international travel?
- Chancellor must approve all travel outside the US
- When should travel requests be approved?
- ALL travel requests should be routed for approval prior to travel

# TRAVEL

- **Conference Request Claim Form (CRCF) is required to be approved prior to attendance**
- **Basic guidelines for travel expense reimbursement:**
  - Reasonable and necessary
  - Business related
  - Most economical
  - Supported by original itemized receipts

## **Allowable Expenditures**

- Transportation
- Lodging
- Meals (not covered by conference registration and during period of travel)
- Registration
- Car rentals/Mileage/Parking
- Uber/Other ground transportation (including up to 20% gratuity)
- Other miscellaneous expenses **(with documentation of business necessity)**

## **Unallowable Expenditures**

- Other tips/gratuities
- Trip insurance
- Valet parking fees
- Entertainment expenses
- Personal phone calls
- Alcoholic beverages
- Any other personal expenses

# TRANSPORTATION

- Lowest economical and class airfare or mileage not to exceed same, **unless specifically approved in advance with documentation of business necessity**
- Will not cover any additional fees such as extra legroom, exit row, early check-in, additional baggage over one checked and one carry-on, or any other upgrades
- All airlines' options differ and continually change. Be sure to confirm the fare booked is the lowest economical fare
- If traveling with district supplies, heavy equipment, etc. consider costs of shipping ahead vs. additional checked bags (**document business necessity**)

# LODGING

- Overnight lodging is not allowable within 50 miles from regular work location, **unless specifically approved in advance with documentation of business necessity**
- Reimbursed only for the actual dates of the approved conference
- The night before or the night the conference ends may be reimbursed **if specifically approved in advance with documentation of business necessity**
- Only at the published standard single occupancy rate for the conference - Plan accordingly to take advantage of the conference room block
- Also ask for the government rate which can sometimes be less
- For travel within California, fill out the Transit Occupancy Tax Waiver (last page of the CRCF) and bring with you to present at check in – When accepted, provides substantial savings by reducing taxes charged
- At this time the District does not allow business lodging booked from vacation rental companies such as Airbnb, VRBO, etc.

# MEALS

- The intent of meal reimbursement is to cover the incremental cost of having to eat out rather than at home. It is not to cover the entire cost of meals
- Meals for which expenses are actually incurred during period of travel shall be reimbursed at the per diem rate per meal using the current single low level IRS rate (\$12 breakfast, \$22 lunch, \$30 dinner)
- No per diem for meals covered by conference. If an employee chooses to purchase a meal that is covered, this is a personal expense
- Do not turn in receipts for per diem meals



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### 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: \$ _____	0.00

**Approved Estimated Expense**

\$ \_\_\_\_\_ 0.00

\_\_\_\_\_  
 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@rscdd.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@rscdd.edu*

(2) Employee Advance \$ \_\_\_\_\_  
 Vendor ID: \_\_\_\_\_  
 Notes: \_\_\_\_\_

(3) Direct Pay – Registration \$ \_\_\_\_\_  
 Vendor ID: \_\_\_\_\_  
 Notes: \_\_\_\_\_

(4) Direct Pay - Other \$ \_\_\_\_\_  
 Vendor ID: \_\_\_\_\_  
 Notes: \_\_\_\_\_

\* **Total Advance** \$ \_\_\_\_\_ 0.00

\* 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@rscdd.edu*

(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 \$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** ..... \$ \_\_\_\_\_

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

**PART I: Travel Authorization & Estimated Expenses** - Complete before travel

Travel requests must be approved by the appropriate Administrator/Manager and by the Chancellor, Vice Chancellor, or President before travel. Travel outside the United States requires Chancellor approval in advance.

**Estimated Expenses:**

- **Transportation:** Lowest economical and class roundtrip airfare using only commercial carriers for travel, or mileage not to exceed lowest economical round trip airfare unless specifically approved in advance by the Chancellor, Vice Chancellor, or President with documentation of business necessity.
- **Registration:** Total amount of registration fee
- **Lodging:** Estimate total lodging expense at standard room single occupancy rate including taxes.
  - Lodging for conferences within 50 miles of the District Office or College site is not allowable unless specifically approved in advance by the Chancellor, Vice Chancellor, or President with documentation of business necessity.
  - Lodging expenses are reimbursed for the actual dates of the approved conference. The night before or the night the conference ends may be reimbursed if specifically approved in advance by the Chancellor, Vice Chancellor, or President with documentation of business necessity.
- **Meals:** Estimate total cost of meals during the conference period using per diem rates below. Exclude meals provided at the conference.
- **Other:** Miscellaneous expenses, i.e., ground transportation, parking, rental car, etc.

*\*For any overnight stays in California, complete the Hotel/Motel Transient Occupancy Tax Waiver and present the waiver at hotel check-in. Not all hotels will accept the waiver form, but when they do it provides a savings in the taxes charged.*

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RANCHO SANTIAGO  
Community College District

**DOCUMENTATION OF BUSINESS NECESSITY  
AND ADVANCE APPROVAL**

The documentation of business necessity and approval is required when:

- Transportation expenses are not the lowest economical and class roundtrip
- Lodging for conferences within 50 miles of the District Office or College site
- Lodging expenses for the night before or the night after the conference ends
- Any other expenses that are not specifically addressed in AR 7400

Please document your business necessity below if required:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Immediate Supervisor Signature

\_\_\_\_\_  
Signature Date

# TRAVEL ADVANCES

- May request advances for costs incurred prior to travel
  - Transportation, registration and lodging paid directly to third party vendors
  - **Submit 15 business days in advance of travel**
  - Confirm available budget ahead of submission
- When using District's authorized travel agency for airfare, Away We Go Travel, submit Purchase Requisition in Colleague and email scanned copy of approved CRCF to Purchasing Services (\$30 fee per transaction)
- For all other advances email approved CRCF to Accounts Payable along with backup for direct payment. Please **do not** resubmit duplicate advance request.

# TRAVEL ADVANCES

- May request cash advance to employee
  - Only for costs that will be incurred prior to travel
  - Total of all advances cannot exceed 75% of total approved estimated expenses
  - Other costs, such as meals, parking, mileage, etc. will be reimbursed upon return and submittal for reimbursement
- No cash advances if being reimbursed by outside funding or outstanding unreconciled advance
- No advances when using categorical funding when payment and travel cross fiscal years without specific authorization from granting agency

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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 table: Transportation, Meals, Registration, Other, Lodging, TOTAL: \$ 0.00
Approved Estimated Expense \$ 0.00
Signature of Claimant for Final Claim
Date

Part 2: Request for Advances
Airfare booked by District's Travel Agency
E-mail pdf to 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
(2) Employee Advance \$ [ ]
Vendor ID: [ ]
Notes: [ ]
(3) Direct Pay - Registration \$ [ ]
Vendor ID: [ ]
Notes: [ ]
(4) Direct Pay - Other \$ [ ]
Vendor ID: [ ]
Notes: [ ]
\* Total Advance \$ 0.00
\* 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
(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 \$12, Lunch \$22, Dinner \$30
Table with columns: Date, Breakfast, Lunch, Dinner
(5) Other Expenses ..... \$ [ ]
Table with columns: 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

**PART II: Request for Advances (if needed)** – Minimum 15 business days before travel

Transportation, registration, and lodging payable directly to the third party vendor may be paid in full. Cash advances to the employee may be requested only for costs that will be incurred prior to travel, and are limited to 75% of total approved estimated expenses, including expenses paid directly to vendors.

1) Airfare Booked by the District's Travel Agency:

- Complete Part II of the Conference Form by entering the PR # and cost of airfare (including the \$35 service fee)
- Email a copy of the approved Conference Form, the quote from Travel Travel, and the purchase requisition to the Purchasing Department at [purchasing@rscdd.edu](mailto:purchasing@rscdd.edu)
- Once received, Purchasing Services will process the PO. The PO number will be sent to the requester and the requester must contact Travel Travel and provide the PO number to confirm the order

All Other Advances:

Including cash advances to the employee and advances paid directly to a third party

2) Employee Advance:

- Complete if requesting a cash advance for costs the employee incurred prior to travel (e.g. conference registration or airfare paid by the employee).
- Vendor ID: Employee's ID number in Colleague.
- Notes: Include any additional notes for processing.
  - ◇ If advance is being charged to a different GL account number (such as an account ending in object code 5905), enter the full GL account number where advance should be charged in notes section
- When submitting the request for advance, include the conference agenda and all travel confirmations and documentation that equals the total amount prepaid by the employee and proof of prepayment.

### 3) Direct Pay – Registration:

- Complete if requesting that conference registration fees be paid directly to the vendor.
- Vendor ID: Sponsoring Organization's vendor ID number in Colleague.
- Notes: Include any additional notes for processing.
  - ◇ If advance is being charged to a different GL account number (such as an account ending in object code 5905), enter the full GL account number where advance should be charged in notes section
- When submitting the request for advance, include the conference agenda showing the registration fees and the mailing address where the check should be mailed.
- Third party vendors must be set-up in Colleague. If the vendor is new, submit a signed W-9 Form for the vendor to the Purchasing Department.

### 4) Direct Pay – Other:

- Complete if requesting any other travel costs be paid directly to a third party vendor.
- Vendor ID: Vendor's ID number in Colleague.
- Notes: Include any additional notes for processing.
  - ◇ If advance is being charged to a different GL account number (such as an account ending in object code 5905), enter the full GL account number where advance should be charged in notes section
- When submitting the request for advance, include the conference agenda and vendor invoice(s).
- Third party vendors must be set-up in Colleague. If the vendor is new, submit a signed W-9 Form for the vendor to the Purchasing Department.



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CONFERENCE REQUEST CLAIM

Employee Name: [redacted] Employee #: [redacted] Telephone #: [redacted] Site: [redacted] Department: [redacted]
Account #: [redacted] Requestor's Signature: [redacted] Request Date: [redacted]

Part 1: Travel Authorization & Estimated Expenses
Title of Conference: [redacted]
Sponsoring Organization: [redacted]
Location: [redacted]
Business Reason: [redacted]
Dates of Travel: [redacted] to [redacted]
Estimated Expenses table: Transportation, Meals, Registration, Other, Lodging, TOTAL: \$ 0.00
Approved Estimated Expense: \$ 0.00
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
(1) PR #: [redacted] \$ [redacted]
Vendor ID: 2428705
All Other Advances
E-mail pdf of supporting documentation to Accounts Payable
AP@rsccd.edu
(2) Employee Advance \$ [redacted]
Vendor ID: [redacted]
Notes: [redacted]
(3) Direct Pay - Registration \$ [redacted]
Vendor ID: [redacted]
Notes: [redacted]
(4) Direct Pay - Other \$ [redacted]
Vendor ID: [redacted]
Notes: [redacted]
\* Total Advance \$ 0.00
\* 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
(1) Transportation ..... \$ [redacted]
Air \$ [redacted] Other \$ [redacted]
Actual Miles: [redacted] X \$0.67 = [redacted]
(2) Registration Fee ..... \$ [redacted]
(3) Lodging ..... \$ [redacted]
(exclude phone calls, meals, parking)
(4) Meals ..... \$ [redacted]
Per Diem Rate: Breakfast \$12, Lunch \$22, Dinner \$30
Table with columns: Date, Breakfast, Lunch, Dinner
(5) Other Expenses ..... \$ [redacted]
Table with columns: Description, Amount
Total Expenses ..... \$ [redacted]
(6) Less Total Advance (Part 2) ..... - \$ [redacted]
Total Due Claimant ..... \$ [redacted]

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.

[redacted]
Signature of Claimant for Final Claim

[redacted]
Signature of Direct Supervisor

[redacted]
Date

**PART III: Actual Claims for Reimbursement** – Within 15 business days from return of travel

- 5) Transportation
  - Enter actual cost of transportation.
  - Attach airfare confirmation, train or bus receipts.
  - If auto, attach online map printout showing actual mileage.
  
- 6) Registration
  - Enter actual cost of conference registration.
  - Attach conference agenda and registration form showing fees.
  - If no receipt, attach proof of payment (e.g. cancelled personal check or credit card statement) and certificate of attendance.
  
- 7) Lodging
  - Enter actual cost of room and all applicable taxes.
    - ◊ Exclude allowable miscellaneous expenses (e.g. parking)
    - ◊ Exclude unallowable expenses
  - Attach hotel bill showing standard room single occupancy room rates and taxes.
  
- 8) Meals
  - List dates and standard per diem amounts for each meal
    - ◊ Exclude meals provided by conference.
    - ◊ Standardized per diem rates:
      - Breakfast = \$12
      - Lunch = \$22
      - Dinner = \$30
  - If more than four days, please attach an additional page
  - Attach conference agenda.
  - Itemized receipts are NOT necessary.

9) Other Expenses

- List other conference-related expenses allowable per AR 7400.
  - ◊ This may include ground transportation, parking, car rental, etc.
- Attach original itemized receipts.
- Miscellaneous expenses require documentation of business necessity with the Immediate Supervisor's approval.

10) Less Advances

- Enter the actual total advances paid from PART II.

**The original Conference form must be reviewed and approved by the Immediate Supervisor and submitted with all required documentation to Accounts Payable via email to:**

**Debbie Perales who handles Last Name (A-K) or Peggy Land who handles Last Name (L-Z)**

Required Documentation

- Original itemized receipts for all expenses (except meals) including:
  - Registration
  - Transportation
  - Lodging
  - Uber/Lyft/Taxi
  - Car Rental
  - Airport Parking
  - Hotel Parking
- Conference Agenda
- Documentation of business necessity (if required per AR 7400)

If the amount advanced to the employee was more than expenses claimed, the Conference Form should include a check payable to RSCCD.

# TRAVEL

- What should you do if you may incur an expense not specifically covered in AR 7400?
- Call Accounts Payable and ask for guidance
- Specifically approve in advance with documentation of business necessity
- Forms and instructions posted to the Accounts Payable website
- Submit approved final claims within **15 days** from returning (or no later than June 30th) for reimbursement
- No cost? Document on the CRCF, route for approval, keep on file

# PROCESSING MILEAGE AND CRCF

- Common reasons for delays in processing:
  - Employee number is not the employee's name
  - Account number with object that is not 5210 (conference), 5215 (online training), 5220 (mileage/parking), 5905 (Student & Participant Travel)
  - No budget or insufficient budget
  - Lack of original itemized receipts
  - Missing conference literature
  - Missing Google Maps
  - Lack of documentation for...wait for it...wait for it...
- Items needing to be specifically approved in advance with documentation of business necessity!

**Part 2: Request for Advances**

Airfare booked by District's Travel Agency  
E-mail pdf to 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

(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

*Verified Advance 700*

**Part 3: Actual Claims for Reimbursement**

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

(1) Transportation ..... \$ 117.65 ✓

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

Actual Miles: 175.6 X \$0.67 = 117.65 ✓

(2) Registration Fee ..... \$ 700 ✓

(3) Lodging ..... \$ ~~947.98~~ 902.28 ✓

(exclude phone calls, meals, parking)

(4) Meals ..... \$ 112 ✓

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

Date	Breakfast	Lunch	Dinner
4/16		22	30 ✓
4/17			30 ✓
4/18			30 ✓

(5) Other Expenses ..... \$ 45 ✓

Description	Amount
Parking	\$ 45 ✓
	\$

Total Expenses ..... \$ 1,876.93 ✓


(6) Less Total Advance (Part 2) ..... \$ 700 ✓

Total Due Claimant ..... \$ 1,176.93 ✓

**PARKING IN HOTEL BILL SHOULD BE IN OTHER EXPENSES**

Date	Description	Charges	Credits
04-16-24	Room Rate	249.00	
04-16-24	SD Tourism Mktg District Assessment	4.98	
04-16-24	CA Tourism Assessment	0.75	
04-16-24	Occupancy Tax	26.15	
04-16-24	Parking Charges	15.00	
04-16-24	Hotel Services Fee Group	15.00	
04-16-24	Occupancy Tax	1.58	
04-16-24	SD Tourism Mktg District Assessment	0.30	
04-16-24	Housekeeping Gratuity	3.00	
04-17-24	Lobby Bar Beverage	41.64	
	Room# 2121 : CHECK# 433737		
04-17-24	Lobby Bar Dinner	32.02	
	Room# 2121 : CHECK# 440571		
04-17-24	Room Rate	249.00	
04-17-24	SD Tourism Mktg District Assessment	4.98	
04-17-24	CA Tourism Assessment	0.75	
04-17-24	Occupancy Tax	26.15	
04-17-24	Parking Charges	15.00	
04-17-24	Hotel Services Fee Group	15.00	
04-17-24	Occupancy Tax	1.58	
04-17-24	SD Tourism Mktg District Assessment	0.30	
04-17-24	Housekeeping Gratuity	3.00	
04-18-24	Room Rate	249.00	
04-18-24	SD Tourism Mktg District Assessment	4.98	
04-18-24	CA Tourism Assessment	0.75	
04-18-24	Occupancy Tax	26.15	
04-18-24	Parking Charges	15.00	
04-18-24	Hotel Services Fee Group	15.00	
04-18-24	Occupancy Tax	1.58	
04-18-24	SD Tourism Mktg District Assessment	0.30	
04-18-24	Housekeeping Gratuity	3.00	
04-19-24	MasterCard		1,020.94
	XXXXXXXXXXXX7087 XX/XX		

902.28

Employee #:                      Telephone #:                      Site:                      Department:                       
 Signature:  Request Date: Jan 31, 2024

281.18

**Part 2: Request for Advances**

**Airfare booked by District's Travel Agency**  
*E-mail pdf to purchasing@rscsd.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*

(2) Employee Advance \$ \_\_\_\_\_  
 Vendor ID: \_\_\_\_\_  
 Notes: \_\_\_\_\_

(3) Direct Pay - Registration \$ \_\_\_\_\_  
 Vendor ID: \_\_\_\_\_  
 Notes: \_\_\_\_\_

(4) Direct Pay - Other \$ \_\_\_\_\_  
 Vendor ID: \_\_\_\_\_  
 Notes: \_\_\_\_\_

\* **Total Advance** \$ 0.00

\* 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.*

(1) **Transportation** ..... \$ 300.18  
 Air \$ 300.18 Other \$ \_\_\_\_\_  
 Actual Miles: \_\_\_\_\_ X \$0.67 = \_\_\_\_\_

(2) **Registration Fee** ..... \$ 825.00 ✓

(3) **Lodging** ..... \$ 261.59  
 (exclude phone calls, meals, parking)

(4) **Meals** ..... \$ 94.00  
 Per Diem Rate: Breakfast \$12, Lunch \$22, Dinner \$30

Date	Breakfast	Lunch	Dinner
04/10		<del>\$22</del> ✓	\$30
04/11			\$30
04/12	\$12		

(5) **Other Expenses** ..... \$ 118.62

Description	Amount
Taxi	\$ 78.62 ✓
Airport parking	\$ 40.00 ✓
	\$

**Total Expenses** ..... \$ 1,599.39

(6) **Less Total Advance (Part 2)** ..... - \$ 0

**Total Due Claimant** ..... \$ 1,599.39

NO TRIP PROTECTION PAYMENT

NO HOTEL UPGRADE PAYMENT

NO LUNCH FOR 4/10/24

233.84

72-

1530.64

1530.64

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.



Date	Description	Charges	Credits
04/10/24	Deposit Transferred at C/I		112.25
04/10/24	Resort Room Charge	99.00	
04/10/24	Room Tax	13.25	
04/10/24	Luxe Pricing CI Upgrade	20.00	
04/10/24	Room Tax	2.68	
04/10/24	Housekeeping Gratuity	1.99	
04/11/24	Resort Room Charge	99.00	
04/11/24	Room Tax	13.25	
04/11/24	Luxe Pricing CI Upgrade	20.00	
04/11/24	Room Tax	2.68	
04/11/24	Housekeeping Gratuity	1.99	
04/12/24	American Express XXXXXXXXXXXX1008 XX/XX		161.59
<b>Total Charges</b>		273.84	
<b>Total Credits</b>			273.84
<b>Balance</b>			0.00

*Hotel 233.84*  
*no upgrade*

WEDNESDAY, APRIL 10, 2024	
START/END	EVENT
7:00 AM - 5:00 PM	Registration / Tabletop Displays
7:30 - 9:00 AM	Coffee Station
8:00 - 9:00 AM	Keynote 1
8:00 AM - 5:00 PM	NASBITE 2024 Student Case Competition
9:15 - 10:15 AM	Conference Sessions
10:30 - 11:30 AM	Conference Sessions
11:45 AM - 1:45 PM	Luncheon (11:45-12:30), Annual Meeting (12:30-1:00), and Keynote 2 (1:00-1:45)
2:00 - 3:00 PM	Conference Sessions
3:15 - 4:15 PM	Conference Sessions
4:30 - 5:30 PM	Roundtable Session - Education Partners

## Flights

✈ Date  
April 10, 2024

Depart:  
Orange County (SNA) 3:40 PM

Arrive:  
Las Vegas (LAS) 4:48 PM

**Part 2: Request for Advances**

**Airfare booked by District's Travel Agency**  
E-mail pdf to purchasing@reed.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

(2) Employee Advance \$ \_\_\_\_\_  
Vendor ID: \_\_\_\_\_  
Notes: \_\_\_\_\_

(3) Direct Pay – Registration \$ \_\_\_\_\_  
Vendor ID: \_\_\_\_\_  
Notes: \_\_\_\_\_

(4) Direct Pay - Other \$ \_\_\_\_\_  
Vendor ID: \_\_\_\_\_  
Notes: \_\_\_\_\_

**\* Total Advance \$ \_\_\_\_\_ 0**

\* 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.

(1) Transportation ~~\$342.74~~ **206.42**  
Air ~~\$342.74~~ **206.42** Other \$ \_\_\_\_\_  
Actual Miles \_\_\_\_\_ X \$0.67 = \_\_\_\_\_

(2) Registration Fee ..... \$ 945 ✓

(3) Lodging ..... ~~\$ 819.18~~ **819.18** ✓  
(exclude phone calls, meals, parking)

(4) Meals ..... \$ 112 ✓  
Per Diem Rate: Breakfast \$12, Lunch \$22, Dinner \$30

Date	Breakfast	Lunch	Dinner
4/23/24			\$30 ✓
4/24/24			\$30 ✓
4/25/24			\$30 ✓
4/26/24		\$22 ✓	

(5) Other Expenses ..... \$ 70.18 ✓

Description	Amount
from SMF airport to hotel	\$37.84 ✓
from hotel to SMF airport	\$32.34 ✓
	\$

**Total Expenses ..... ~~\$ 2,289.10~~ **2152.78****

(6) Less Total Advance (Part 2) ..... - \$ 0

**Total Due Claimant ..... ~~\$ 2,289.10~~ **2152.78****

**NO SEAT SELECTION PAYMENT**

dent 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

## Payment details

Flight 1 price: LAX to SMF

Traveler 1: Adult

\$78.14

Seat 12A

\$17.00

Taxes and fees

\$20.96

~~Traveler 2: Adult~~

~~\$78.14~~

~~Seat 12B~~

~~\$17.00~~

~~Taxes and fees~~

~~\$20.96~~

~~Expedia booking fee~~

~~\$6.44~~

Flight 2 price: SMF to LAX

Traveler 1: Adult

\$82.79

Taxes and fees

\$21.31

~~Traveler 2: Adult~~

~~\$82.79~~

~~Taxes and fees~~

~~\$21.31~~

**Part 2: Request for Advances**

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

E-mail pdf to purchasing@rscc.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

(2) Employee Advance \$ 218.96 ✓

Vendor ID: 2046830

Notes: Payable to Maria Lepe

V1117491

(3) Direct Pay - Registration \$ 945 ✓

Vendor ID: 2367916

Notes: make check payable to Adriene Davis

V1116222

(4) Direct Pay - Other \$ 819.15 ✓

Vendor ID: 1058199

Notes: Payable to: Hyatt (please confirm ID)

V1116223

\* **Total Advance** \$ 1983.11

\* 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

(1) Transportation ..... \$ 218.96 ✓

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

Actual Miles \_\_\_\_\_ X \$0.67 = \_\_\_\_\_

(2) Registration Fee ..... \$ 945.00 ✓

(3) Lodging ..... \$ 819.15 ✓

(exclude phone calls, meals, parking)

(4) Meals ..... \$ ~~158.00~~

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

134- ✓

Date	Breakfast	Lunch	Dinner
4/23		22	30
4/24	<del>12</del>		30
4/25	<del>12</del>		30
4/26		22	

(5) Other Expenses ..... \$ 206.79

Description	Amount
parking	\$ 75.00 ✓ @hotel
Uber: home-LAX	\$ 38.87 ✓
Lyft: LAX-home	\$ 47.92 ✓

2323.90

Total Expenses ..... \$ 2,347.93

(6) Less Total Advance (Part 2) ..... - \$ 1,983.11

**Total Due Claimant** ..... \$ ~~364.82~~

**BREAKFAST INCLUDED AT CONFERENCE**

340.79

dent to this conference. If mileage is being claimed herein, I had, at time of the use of my private automobile, such insurance as by District rules and regulations for Public Liability and Property Damage.

Date	Description		Charges	Credits
04-23-24	Deposit Transferred at C/I	Rancho Santiago Comm. College Dist. Ck 92589686		819.15
04-23-24	Accomodation		235.00	
04-23-24	Occupancy Tax		28.20	
04-23-24	Sacramento Tourism Assessment		7.05	
04-23-24	CA Tourism Assessment		0.46	
04-23-24	STID Assessment		2.35	
04-23-24	Parking Overnight - Self		25.00 ✓	
04-24-24	Accomodation		235.00	
04-24-24	Occupancy Tax		28.20	
04-24-24	Sacramento Tourism Assessment		7.05	
04-24-24	CA Tourism Assessment		0.46	
04-24-24	STID Assessment		2.35	
04-24-24	Parking Overnight - Self		25.00 ✓	
04-25-24	<del>VINES BREAKFAST</del>	<del>Room# 0535 : CHECK# 103179</del>	<del>66.46</del>	
04-25-24	Accomodation		235.00	
04-25-24	Occupancy Tax		28.20	
04-25-24	Sacramento Tourism Assessment		7.05	
04-25-24	CA Tourism Assessment		0.46	
04-25-24	STID Assessment		2.35	
04-25-24	Parking Overnight - Self		25.00 ✓	
04-26-24	American Express	XXXXXXXXXXXX1003 XX/XX		131.49
<b>Total</b>			950.64	950.64

**Wednesday, April 24, 2026**

07:00 am

07:00 am

08:30 am

9:00 am

10:30 am

11:00 pm

12:00 pm

01:00 pm

1:30 pm

2:30 pm

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**Thursday, April 25, 2024**

07:00am

8:30 am

9:30 am

10:20 am

11:00 am

12:00 pm

1:30 pm

**Light Breakfast**

HYATT BALLROOM

**Registration opens**

SAFE CREDIT UNION CONVENT

**Executive Leadership - (**

**Strand**

SAFE CREDIT UNION CONVENT

**Regional Meetings**

SAFE CREDIT UNION CONVENT

**Sponsor Networking Br**

SAFE CREDIT UNION CONVENT

**Affinity Groups**

SAFE CREDIT UNION CONVENT

**Lunch**

SAFE CREDIT UNION CONVENT

**Kick off and Raffle Prize**

SAFE CREDIT UNION CONVENT

**Student Panel**

SAFE CREDIT UNION CONVENT

**Member Business Meeti**

SAFE CREDIT UNION CONVENT

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CONFERENCE REQUEST CLAIM

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_ Telephone # \_\_\_\_\_ Site \_\_\_\_\_ Department \_\_\_\_\_  
Account # 11-0000-675000-54141-5210 Requestor's Signature \_\_\_\_\_ Request Date Feb 21, 2024

**Part 1: Travel Authorization & Estimated Expenses**

Title of Conference ELLUCIAN LIVE 2024

Sponsoring Organization: Ellucian

Location: San Antonio TX

Business Reason:  
Gains insights on game-changing technology, shares industry insights, and build powerful connections.

Dates of Travel: 04/07/24 to 04/10/24

Estimated Expenses	
Transportation: \$ 1,100.00	Meals: \$ 200.00
Registration: \$ 1,075.00	Other \$ 250.00
Lodging: \$ 802.07	TOTAL: \$ 3,427.07

**Approved Estimated Expense**  
\$ 3,427.07

[Signature]  
Administrator/Manager Signature

[Signature]  
Signature of Chancellor/Vice Chancellor/President

Feb 23, 2024  
Date

**Part 2: Request for Advances**

Airfare booked by District's Travel Agency  
(email photocopies to purchasing@rscd.edu)

(1) PR #: \_\_\_\_\_ \$ \_\_\_\_\_  
Vendor ID: 2428705

All Other Advances  
(mail photocopies to Accounts Payable)

(2) Employee Advance  
Vendor ID: \_\_\_\_\_  
Notes: \_\_\_\_\_

(3) Direct Pay - Registration \$ 1,075.00  
Vendor ID: 1753874  
Notes: \_\_\_\_\_

(4) Direct Pay - Other \$ 0.00  
Vendor ID: \_\_\_\_\_  
Notes: \_\_\_\_\_

Total Advance \$ 1,075.00  
(not to exceed 75% of Total Approved Estimated Expenses)

*Handwritten: Verified Advance*

**Part 3: Actual Claims for Reimbursement**  
Complete & mail original form with receipts to Accounts Payable after attendance

(1) Transportation ..... \$ 1,044.37  
Air \$ 1,035.19 ✓ Other \$ \_\_\_\_\_ ✓

Actual Miles: 13.7 × \$0.67 = 9.18 ✓

(2) Registration Fee ..... \$ 1,075.00

(3) Lodging ..... \$ 802.08  
(exclude phone calls, meals, parking)

(4) Meals ..... \$ \_\_\_\_\_  
Per Diem Rate: Breakfast \$12, Lunch \$22, Dinner \$30

Date	Breakfast	Lunch	Dinner

(5) Other Expenses ..... \$ 90.21

Description	Amount
Uber 4/07/24	\$ 21.92 ✓
Uber 4/10/24	\$ 26.34 ✓
Uber 4/10/24	\$ 41.95 ✓

Total Expenses ..... \$ 3,011.66

(6) Less Total Advance (Part 2) ..... \$ 1,075.00

Total Due Claimant ..... \$ 1,936.66

*Handwritten: DSD*

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]  
Signature of Claimant for Final Claim

[Signature]  
Signature of Direct Supervisor

Apr 15, 2024  
Date





REQUEST FOR  
CHECK

## REQUEST FOR CHECK

### What is a Request for Check?

It is a disbursement method used to pay individuals or companies for approved expenditures that do not require a purchase order.

### When do I use a Request for Check?

A Request for Check (RFC) is used for one-time or emergency purchases for small amounts not to exceed \$500. It is not a substitute for purchase orders. It cannot be used to purchase equipment or other capital items, services, software, IT equipment or systems.

### Can I use the Request for Check to pay for services for non-employees?

No. Services need to be purchased through a PO.

### Where can I get this form?

The Request for Check form is posted on the Fiscal Services website.

Click [Request for Check Form](#).

### How do I fill out a Request for Check?

- Enter the payee name (who the check is written to).
- Enter the amount to be paid.
- Enter the Datatel (Colleague) vendor/employee ID number.
- Enter a valid account number and make sure there is money in the account.
- Mark (only one) of the appropriate boxes:
  - **Return check to Staff:** Enter Staff name, phone number, department and location.
  - **Return check to vendor:** Enter complete vendor address.
- Mark the purpose and write the complete explanation for this request.
- For purchase reimbursement, attach original receipt showing proof of payment. For payment to a vendor, attach invoice addressed to the District/college.
- Sign on the Requested by line.
- Get Administrator approval. The payee cannot be the approving person.
- Submit to Accounts Payable for approval.

### What if I am using a new vendor (i.e. a vendor that does not exist in Colleague)?

If the vendor is new, obtain a signed W-9 Form from the vendor and submit it to the Purchasing Department with a request to set-up a new vendor.

A blank W-9 Form can be obtained from the IRS website: <https://www.irs.gov/forms-instructions>.

To obtain a copy of the District's W-9 Form, please call Accounts Payable (714) 480-7356.

### Are there any supporting documents required?

Yes. If you are requesting reimbursement, please attach original itemized receipt showing proof of payment. If you are requesting payment to the vendor, please attach the invoice addressed to the District.

### Who gets this form once it is completed?

Submit the completed and approved form to Accounts Payable for payment processing.

Rancho Santiago Community College District

2323 N. Broadway  
Santa Ana, CA 92706-3398

Reset Form

## REQUEST FOR CHECK

Pay To: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Acct. # \_\_\_\_\_

**Return check to:** Staff Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

**Mail check to vendor:** Vendor Address: \_\_\_\_\_

### FOR THE FOLLOWING PURPOSE:

Cash Purchase Reimbursement (*attach original receipts and explain below*)\*

Payroll (*explain below*)

Other (*explain below*)

**Explanation:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Requested By:**

**Approved by Authorized Administrator:\*\***

**Fiscal Services Approval:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

\_\_\_\_\_

Name and Title

\_\_\_\_\_

Name and Title

\_\_\_\_\_

Name and Title

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Date

\_\_\_\_\_

Date


\* Failure to provide required documentation will result in form being returned.

\*\* Employees cannot sign for themselves.

### For Accounting Department Only:

Payroll Revolving Check

B-Warrant



**MILEAGE  
REIMBURSEMENT  
CLAIM**



### INSTRUCTIONS FOR COMPLETING MILEAGE REIMBURSEMENT CLAIM

Fill in completely the information requested. Claim must be signed by claimant and by the person authorized to approve the claim.

- Employee's Information:** Print your name, employee I.D. number, phone number, campus location, department and position.
- Dates Covered By Claim:** Insert month and year for which you are claiming mileage reimbursement.
  - Only one month per claim form. Do not overlap months.
  - Mileage claims must be submitted to the District's Accounts Payable Department no later than the fifteenth day of the following month.
- Account Number:** Insert the account number to be charged. Claims without account number cannot be processed.
- Date:** Insert the date of the trip.
- Miles Driven:** Insert the actual mileage driven and attach a copy of Google Maps or similar online navigation printout supporting all mileage claims for trips over five (5) miles.
- Destination:** Insert the name and full street address of your destination. Origin is the place from which you start your trip.
  - Reimbursement cannot be paid if the address is not inserted under destination.
  - Full street addresses for repeat From or To locations need only be identified for the first instance, per claim form.
- Purpose of Trip:** State briefly and clearly the nature of each trip. Be specific.
- Signature of administrator:** The claimant cannot be the approving person.

**Trip Type:**

One-way = O/W  
Round-trip = R/T

RESET



PRINT

### MILEAGE REIMBURSEMENT CLAIM FORM

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Location: \_\_\_\_\_ Department: \_\_\_\_\_ Position: \_\_\_\_\_  
 Claim Month: \_\_\_\_\_ Year: \_\_\_\_\_ Account #: \_\_\_\_\_

Date	Total Miles Driven	Check One		From: Name of Origin Street Address, City	To: Name of Destination Street Address, City	Purpose of Trip
		O/W	R/T			

Total Miles: 0.0 X \$ 0.670/ Mile = \$ 0.00

I have liability insurance on my automobile and agree to maintain insurance coverage as long as I use my automobile for school business. I hereby certify that the above mileage represents a true and accurate statement of actual and necessary expense and that I have not been reimbursed for the above total.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Administrator Signature

Audited by: \_\_\_\_\_






\_\_\_\_\_  
Accounting Department Signature

# MILEAGE



- Actual claimed business mileage driven
- Attach Google Maps to support all claims for trips over five (5) miles
- Paid at the current IRS standard rate
- Turn in all approved claims to Accounts Payable **within 15 days of month end** (or no later than June 30<sup>th</sup>) for reimbursement
- Use Mileage Reimbursement Claim Form only when no other travel-related expenses

# A/P STAFFS

Key Contacts	Phone Number	Responsibility	E-Mail
Thao Nguyen	(714) 480-7323	Manager, Budget & Disbursement Services	
Debbie Perales	(714) 480-7355	Vendor Names D-K <a href="#">Home Depot</a> <a href="#">Travel Conference A-K</a>	
Silvia Valverde	(714) 480-7358	Vendor Names A-C Xerox Process TSA/Direct Pays Checks, Utilities <a href="#">Mileage Claims</a>	
Candi Easter	(714) 480-7356	Vendor Names N, O, P Amazon TOE's & Stipends Construction Payments Farmers & Merchants Credit Cards <a href="#">Request for Checks</a>	
Peggy Land	(714) 480-7348	Vendor Names L-M & Q-Z <a href="#">Travel Conference L-Z</a> Office Depot	



THANK YOU