



AP Reimbursements (Conference, Mileage, Check Requests)

March 23, 2026



Building the Future Through Quality Education

Accounts Payable

Accounts Payable FAQs

► **ELECTRONIC REIMBURSEMENTS
FOR EMPLOYEES**

► **ELECTRONIC PAYMENTS FOR
VENDORS**

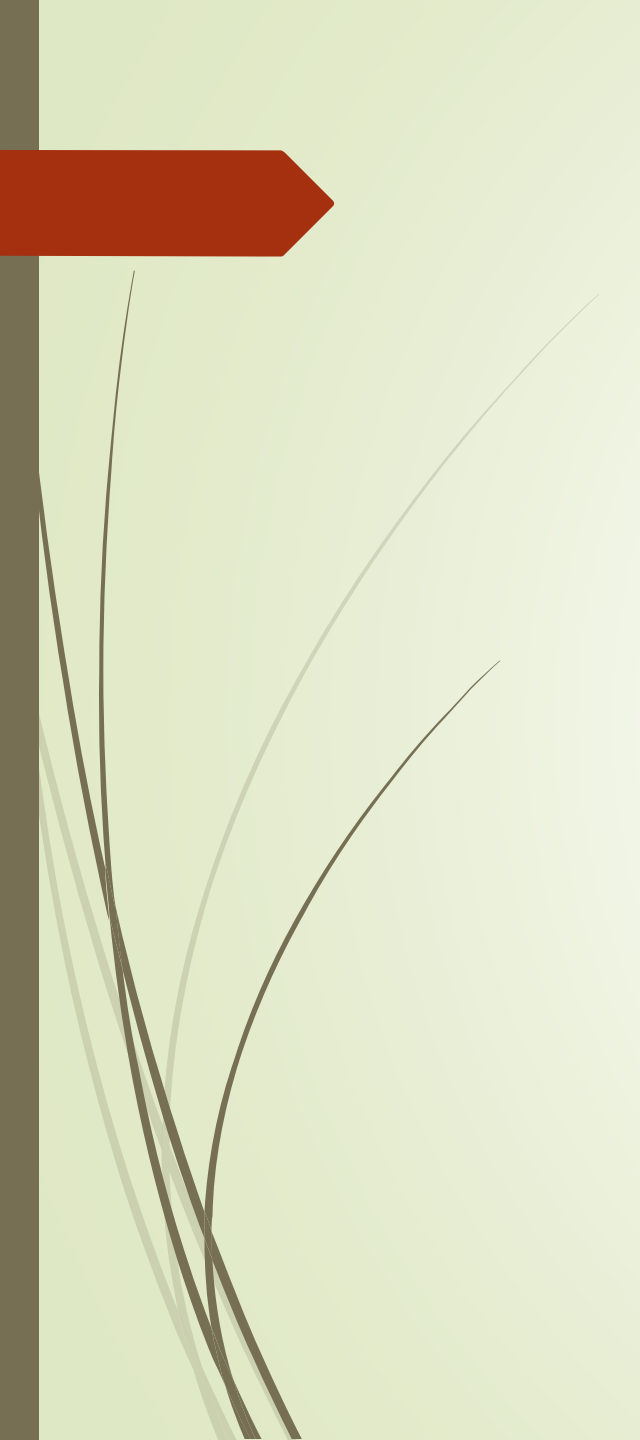
► **BUSINESS SERVICES**

► **RESOURCES**

The Accounts Payable Department performs the primary non-payroll disbursement function for the District which plays a critical role in its financial cycle. We process for payment the general obligations of the District in accordance with current state and federal laws, education code, district policies and procedures and audit practices. To comply with this we ensure the accuracy, completeness and appropriateness of payments made to outside vendors for goods and services, to staff for expense reimbursements and to students for grants, tuition refunds, stipends and other reimbursements.

Regular hours: Monday through Friday
7:30 a.m. to 5:00 p.m., Pacific Standard Time

Billing Address: Rancho Santiago Community College District
Accounts Payable
2323 N. Broadway, #404
Santa Ana, CA 92706



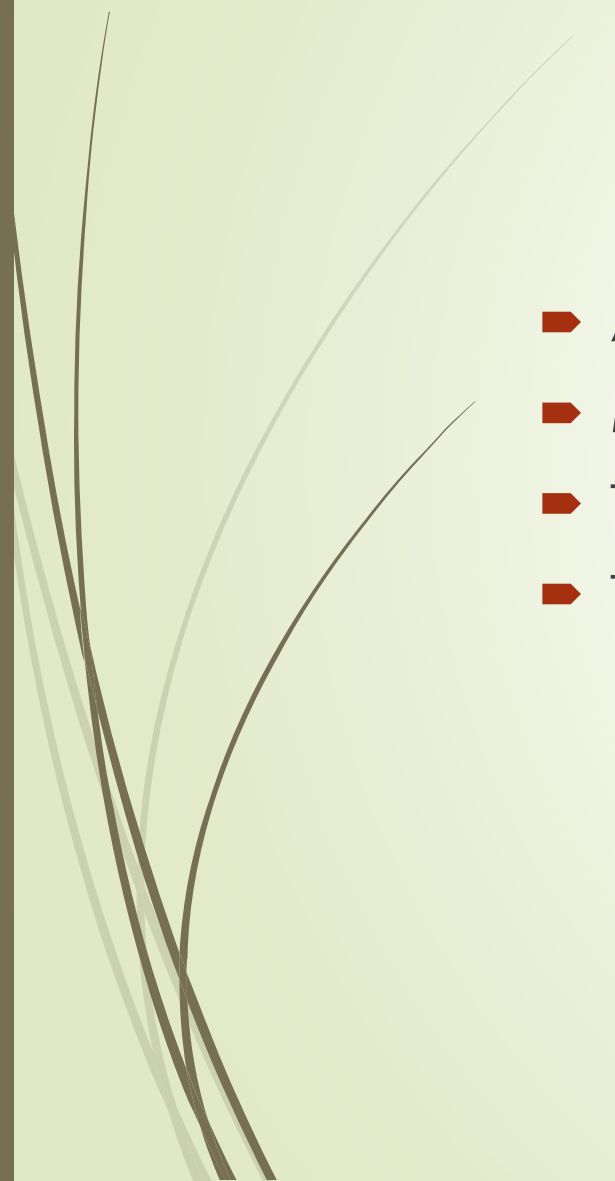
Key Contacts	Phone Number	Responsibility	E-Mail
Thao Nguyen	(714) 480-7323	Manager, Budget & Disbursement Services	✉
Candi Easter	(714) 480-7356	Vendor Names N, O, P Amazon TOE's & Stipends Construction Payments Farmers & Merchants Credit Cards Request for Checks	✉
Jocelynn Estrada	(714) 480-7359		✉
Claudia Montoya	(714) 480-7358	Vendor Names A-C Xerox Process TSA/Direct Pays Checks, Utilities Mileage Claims	✉
Debbie Perales	(714) 480-7355	Vendor Names D-K Home Depot Travel Conference A-K	✉
Vacant	(714) 480-7348	Vendor Names L-M & Q-Z Travel Conference L-Z Office Depot	



Conference Claims



AR 7400 Overview - Travel

- Authority
 - Mileage
 - Travel
 - Travel Advances
- 



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

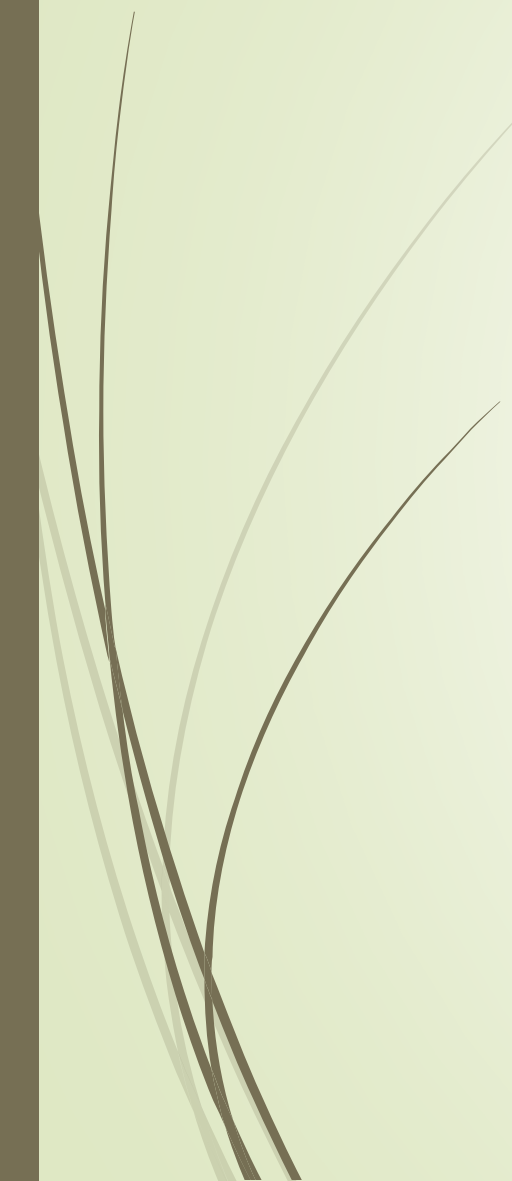


Mileage

- Actual claimed business mileage driven
- Attach Google Maps to support all claims
- 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 30th) for reimbursement
- Use Mileage Reimbursement Claim Form only when no other travel-related expenses



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



Travel

- 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-prior approval before attending the conference)



Travel

- 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 (*flying vs driving*)(*renting car vs flying*)
- 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



Lodging

- 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.
- When booking lodging, keep in mind that you need an itemized hotel receipt. Booking through booking.com or Expedia do not give you an itemized hotel receipt.



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
- Only allowable if there is an overnight stay
- 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 (\$14 breakfast, \$25 lunch, \$35 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



Travel Advances

- May request advances for costs incurred prior to travel
 - Transportation, registration and lodging paid directly to third party vendors (**need to have a confirmation number or an invoice number**)
 - 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 (\$35 fee per transaction)
- For all other advances, email approved PDF copy of CRCF to Accounts Payable, along with backup for direct payment (AP@rsccd.edu)



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



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:
 - 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!

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@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

AP@rscsd.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@rscsd.edu

(1) Transportation \$ _____

Air \$ _____ Other \$ _____

Actual Miles: _____ X \$0.725 = _____

(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

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@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 \$0.725 = _____

(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



RANCHO SANTIAGO
Community College District

V1244260

CONFERENCE REQUEST CLAIM

Employee Name: [REDACTED] Employee #: [REDACTED] Telephone: [REDACTED] Site: SAC Department: Student Info. Support
Account #: 13-0001-675000-11400-5210 Requestor's Signature: [REDACTED] Request Date: Aug 25, 2025
11-0000-675000-11400-5210

Part 1: Travel Authorization & Estimated Expenses

Title of Conference: EDUCAUSE Annual Conference

Sponsoring Organization: EDUCAUSE

Location: Nashville, TN

Business Reason:

To maintain subject matter expertise in information systems and technology trends and solutions.

Dates of Travel: 10/27/2025 to 10/30/2025

Estimated Expenses

Transportation: \$	525	Meals: \$	222
Registration: \$	1679	Other: \$	
Lodging: \$	1300	TOTAL: \$	3726

Approved Estimated Expense

\$ 3726

José Martinez

Administrator/Manager Signature

Anabelle Nery

Signature of Chancellor/Vice Chancellor/President

Sep 18, 2025

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

2165.96

(2) Employee Advance \$ _____

Vendor ID: 2231246

Notes: Registration + Flight

(3) Direct Pay - Registration \$ _____

Vendor ID: _____

Notes: _____

(4) Direct Pay - Other \$ _____

Vendor ID: _____

Notes: _____

* Total Advance \$ 2165.96 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.

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) - \$ _____

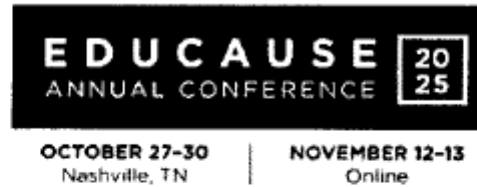
Total Due Claimant \$ _____

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



*** Please do not reply to this e-mail. It was sent from an automated system. ***

Confirmation

Event Dates:

Preconference Workshops: October 27, 2025

Conference: October 27-30, 2025

Location:

Music City Center, 201 Rep. John Lewis Way S, Nashville, TN 37203

Thank you for registering for this year's EDUCAUSE Annual Conference. We're pleased you'll be attending the one event that *connects the best thinkers in higher education technology!*

Below is a confirmation of your selected registration and housing options—please click the "Register" button [here](#) to access your registration dashboard if you need to modify or change your registration.

Your full conference registration includes:

- Access to conference sessions held on site in Nashville, October 28-30, 2025
- Access to the online event, November 12-13, 2025 (*access instructions will be emailed in early November*)
- Daily refreshment breaks
- Networking reception in EDUCAUSE Commons (exhibit hall) on Tuesday evening
- EDUCAUSE Commons (exhibit hall) access during open hours

Registration Details

Registration Type: FC - Full Conference, Advance

Description	Item Total
Registration (Qty: 1)	\$1,679.00
Total Registration Fees:	\$1,679.00
Total Registration Paid:	(\$1,679.00)
Current Balance:	\$0.00

Your itinerary

Flight 1:	Monday, 10/27/2025	Est. Travel Time: 3h 50m	Choice
FLIGHT # 0549	DEPARTS LGB 09:05AM Long Beach	ARRIVES BNA 02:55PM Nashville	
Flight 2:	Thursday, 10/30/2025	Est. Travel Time: 4h 25m	Choice
FLIGHT # 1992	DEPARTS BNA 12:20PM Nashville	ARRIVES LGB 02:45PM Long Beach	

Basic not available when ticket was purchased.

Basic not available

Payment information

Total cost

Air	
Base Fare	\$ 424.52
U.S. Transportation Tax	\$ 31.84
U.S. 9/11 Security Fee	\$ 11.20
U.S. Flight Segment Tax	\$ 10.40
U.S. Passenger Facility Chg	\$ 9.00
Total	\$ 486.96

Payment

September 18, 2025	
Payment Amount	\$486.96

✈ Depart: LGB → BNA

Long Beach, CA - LGB to Nashville, TN - BNA

Government taxes & fees included
All fares are rounded up to the nearest dollar.

\$ Points \$ + Points

SAT Oct 25	SUN Oct 26	MON Oct 27	TUE Oct 28	WED Oct 29	Low Fare Calendar	FIRST CHECKED BAG FREE \$200 statement credit and 10,000 points. Apply now >
---------------	---------------	---------------	---------------	---------------	----------------------	---

Sort by Stops Filter by Nonstop All day

Departing flights: **Nonstop**

Number of stops

Duration

Basic

Choice

Choice Preferred

Choice Extra

Fastest # 549

9:05 AM → 2:55 PM

Nonstop

3h 50m

\$193

\$233

\$817

\$867
4 left

✈ Return: BNA → LGB

Nashville, TN - BNA to Long Beach, CA - LGB

Government taxes & fees included
All fares are rounded up to the nearest dollar.

TUE Oct 28	WED Oct 29	THU Oct 30	FRI Oct 31	SAT Nov 01	Low Fare Calendar	FIRST CHECKED BAG FREE \$200 statement credit and 10,000 points. Apply now >
---------------	---------------	---------------	---------------	---------------	----------------------	---

Sort by Stops Filter by Nonstop All day

Returning flights: **Nonstop**

Number of stops

Duration

Basic

Choice

Choice Preferred

Choice Extra

Fastest # 1002

12:20 PM → 2:45 PM

Nonstop

4h 25m

\$193

\$233

\$293

\$343

Returning flights: **With stops**

Number of stops

Duration

Basic

Choice

Choice Preferred

Choice Extra

Low fare # 1139 / 1148

5:00 AM → 9:40 AM

1 stop
Change planes HOU

6h 40m

\$159

\$199

\$259

\$309

190 / 3955

5:05 AM → 9:05 AM

1 stop
Change planes PHX

6h 0m

Unavailable

\$268

\$328

\$378

Low fare # 1105 / 1071

5:15 AM → 9:55 AM

1 stop
Change planes LAS

6h 40m

\$159

\$199

\$259

\$309

Low fare # 668 / 604

5:15 AM → 12:00 PM

1 stop
Change planes AUS

8h 45m

\$159

\$199

\$259

\$309

Low fare # 1105 / 2402

5:15 AM → 12:00 PM

1 stop

8h 45m

\$159

\$199

\$259

\$309



RANCHO SANTIAGO
Community College District

1116212

CONFERENCE REQUEST CLAIM

Employee Name: [REDACTED] Employee: [REDACTED] Telephone #: [REDACTED] Site: CWPC Department: Continuing Education
Account #: 12-110675000-28100-5210 Requestor's Signature: [REDACTED] Request Date: February 23, 2024

Part 1: Travel Authorization & Estimated Expenses

Title of Conference: ACCE Spring Conference

Sponsoring Organization: ACCE

Location: San Diego, CA

Business Reason:
Noncredit updates, legislative, ELL Pathways, CAEP and Apprenticeship

Dates of Travel: 3/6/24 to 3/8/24

Estimated Expenses	
Transportation: \$ 125.00	Meals: \$ 150.00
Registration: \$ 500	Other: \$ 200
Lodging: \$ 650.00	TOTAL: \$ 1625

Approved Estimated Expense
\$ 1625

[Signature]
Administrator/Manager Signature

[Signature]
Signature of Chancellor/Vice Chancellor/President
Feb 28, 2024

Date

Part 2: Request for Advances

Airfare booked by District's Travel Agency
E-mail pdf to purchasing@rscd.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 Claim for Reimbursement
Complete and submit original form with receipts to Accounts Payable within 15 business days after return.

(1) Transportation \$ 123.41 ✓
Air \$ _____ Other \$ _____
Actual Miles: 184.2 X \$0.67 = \$ 123.41 ✓

(2) Registration Fee \$ 500.00 ✓

(3) Lodging \$ 608.18 ✓
(exclude phone calls, meals, parking)

(4) Meals \$ 104.00 ✓
Per Diem Rate: Breakfast \$12, Lunch \$22, Dinner \$30

Date	Breakfast	Lunch	Dinner
<u>3/6</u>	<u>0</u>	<u>22</u>	<u>30</u>
<u>3/7</u>	<u>0</u>	<u>0</u>	<u>30</u>
<u>3/8</u>	<u>0</u>	<u>22</u>	<u>0</u>

(5) Other Expenses \$ 0 ✓
Description Amount
Parking \$
\$
\$

Total Expenses \$ 1395.59 ✓

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

Total Due Claimant \$ 1395.59

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

Signature of Direct Supervisor

Date

3/19/24

[Signature]

1572 N Main St
to The Dana on Mission Bay

1 hr 22 min
92.1 miles

IRS reimbursement: **\$61.68**



Head west. Go for 66 ft.

Then 0.01 miles



Turn right toward W Yale Ave. Go for 72 ft.

Then 0.01 miles



Turn right onto W Yale Ave. Go for 210 ft.

Then 0.04 miles



Turn left onto N Main St. Go for 0.1 mi.

Association of Community
and Continuing Education

Order No. 982653164

3/4/2024

Thank you for your purchase!

[View Order Details](#)

—

\$500.00



THE DANA

ON MISSION BAY

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

INVOICE

Room No. : 1320
Arrival : 03-06-24
Departure : 03-08-24
Page No. : 1 of 1
Folio No. : 741930
Conf. No. : 18941343
Cashier No. : 194
User ID : MABEBE

03-08-24

Date	Description	Charges	Credits
03-06-24	Return Guest Discount	283.15	
03-06-24	Occupancy Tax	29.73	
03-06-24	San Diego Marketing Tourism Assessment Fee	5.66	
03-06-24	California Tourism Fee	0.55	
03-06-24	Parking	15.00	
03-07-24	Return Guest Discount	283.15	
03-07-24	Occupancy Tax	29.73	
03-07-24	San Diego Marketing Tourism Assessment Fee	5.66	
03-07-24	California Tourism Fee	0.55	
03-07-24	Parking	15.00	
03-08-24	Mastercard [REDACTED] X		668.18
Total		668.18	668.18
Balance		0.00	

Parking 30-
Hotel 638.18

Wednesday, March 6, 2024

1:30 – 5:00 pm

Conference Registration & Exhibits

Location: Mission Bay Ballroom Foyer

1:00 – 1:30 pm

Light Snack

1:30 - 1:45 pm

Conference Welcoming Kick-Off

Welcome to ACCE – Announcements, Logistics by ACCE President

Location: Mission Bay Ballroom

1:45 - 2:30

Breakout Session:

“Using Generative AI in Higher Education”

Presenter: Dr. Jorge Saucedo-Daniel

Location: Mission Bay Ballroom

This hands-on session will discuss how faculty, administrators, and classified staff can effectively use generative AI platforms such as ChatGPT and Google Bard in the office and classroom. A brief overview of LLMs and free generative AI tools will be reviewed.

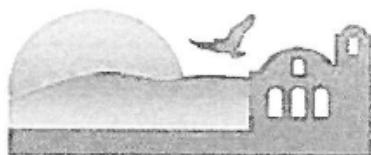
2:45 – 3:30 pm

Keynote

Presenter: Dr. Daisy Gonzales

Deputy Chancellor, California Community Colleges

Location: Mission Bay Ballroom



RANCHO SANTIAGO
Community College District

999275

CONFERENCE REQUEST CLAIM

Employee Name: [REDACTED] Employee #: [REDACTED] Telephone #: [REDACTED] Site: District Department: Board of Trustees
Account #: 11-0000-675000-51200-5210 Requestor's Signature: _____ Request Date: _____

Part 1: Travel Authorization & Estimated Expenses

Title of Conference: 2022 ACCT Leadership Congress

Sponsoring Organization: Association of Community College Trustees

Location: New York City, NY

Business Reason: _____

Dates of Travel: 10/24/22 to 10/29/22

Estimated Expenses

Transportation: \$ 600.00 Meals: \$ 500.00

Registration: \$ 1,385.00 Other: \$ 200.00

Lodging: \$ 2,500.00 TOTAL: \$ 5,185.00

Approved Estimated Expense

\$ 5,185.00

Administrator/Manager Signature

Signature of Chancellor/Vice Chancellor/President

Date

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 _____ \$ 1,385.00

Vendor ID: 1031295

Notes: Paid on district credit card by Maria V.

(4) Direct Pay - Other _____ \$ _____

Vendor ID: _____

Notes: _____

Total Advance _____ \$ 1,385.00

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

Part 3: Actual Claims for Reimbursement

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

(1) Transportation \$ 516.20 ✓

Air \$ 516.20 Other \$ _____

Actual Miles: _____ X \$0.585 = _____

(2) Registration Fee \$ 1,385.00 ✓

(3) Lodging \$ 1,781.16 ✓

(exclude phone calls, meals, parking)

(4) Meals \$ 254.00 ✓

Per Diem Rate: Breakfast \$10, Lunch \$20, Dinner \$30

Date	Breakfast	Lunch	Dinner
10/25	\$12	\$22	\$30
10/26	\$12	\$22	\$30
10/27	\$12	0	\$30
10/28	\$12	0	\$30

10/29: Breakfast - \$12
Dinner - \$30

(5) Other Expenses \$ 0 ✓

Description	Amount
	\$
	\$
	\$

3936.36

Total Expenses \$ 3,936.20 ✓

(6) Less Total Advance (Part 2) - \$ 1,385.00 ✓

Total Due Claimant \$ 2,551.20 ✓

2551.36

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

11/3/22

Venue checked
First check under
for hotel to
changed to
different h.



RANCHO SANTIAGO
Community College District

CONFERENCE REQUEST CLAIM

Employee Name: [REDACTED] Employ [REDACTED] Telephone #: [REDACTED] Site: SAC Department: EOPS
Account #: 12-2250-675000-19300-521 Requestor's Signature: [REDACTED] Request Date: 9/15/2022

Part 1: Travel Authorization & Estimated Expenses

Title of Conference: CCCEOPSA Annual Conference
Sponsoring Organization: CCCEOPSA
Location: Palm Springs, CA
Business Reason:
Annual updates to policies and procedures for EOPS

Dates of Travel: 10/24/22 to 10/27/22

Estimated Expenses

Transportation: \$ 125.00 Meals: \$ 110.00
Registration: \$ 700 Other: \$ 50.00
Lodging: \$ 912.02 TOTAL: \$ 1897.02

Approved Estimated Expense

[Signature] \$ 1897.02

Vanitha Hubbard, Ed.D.

[Signature]

Daisy Romero (Sep 13, 2022 14:25 P00)

Daisy Romero
Administrator/Manager Signature

[Signature]

Annebelle Nery, Ph.D.
Signature of Chancellor/Vice Chancellor/President
Sep 19, 2022

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 \$ 700

Vendor ID: 1031932

Notes: please send check to M. Carranza @

(4) Direct Pay - Other \$ 912.02

Vendor ID: 2659026

Notes: Margaritaville Resort / ABRE DCP

Total Advance \$ 1612.02

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

Part 3: Actual Claims for Reimbursement

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

(1) Transportation \$ 137.50 ✓

Air \$ _____ Other \$ _____

Actual Miles: 220 X \$0.625 = \$ 137.50 ✓

(2) Registration Fee \$ 700 ✓

(3) Lodging \$ 912.02 ✓

(exclude phone calls, meals, parking)

(4) Meals \$ 112.00

Per Diem Rate: Breakfast \$10, Lunch \$20, Dinner \$30

Date	Breakfast	Lunch	Dinner
10/24			30
10/25			30
10/26			30
10/27		22	22

(5) Other Expenses \$ 0

Description	Amount
	\$
	\$
	\$

Total Expenses \$ 1861.52 ✓

(6) Less Total Advance (Part 2) - \$ 1612.02

Total Due Claimant \$ 249.50

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

Nov 15, 2022

11/14/22
Date

RSCCD

RANCHO SANTIAGO
Community College District

2022 NOV -1 A 10:47

CONFERENCE REQUEST CLAIM

RSCCD

Employee Name: [REDACTED]

Employee # [REDACTED]

Telephone [REDACTED]

Site: DO

2022 OCT 32 A 10:45
Department: Fiscal Services

Account #: 11-0000-675000-54211-5210

Requestor's Signature: [REDACTED]

Request Date: 8/16/22
ACCOUNTING DEPT.

Part 1: Travel Authorization & Estimated Expenses

Title of Conference: ACBO Conference

Sponsoring Organization: ACBO

Location: Indian Wells, CA

Business Reason:

Budget updates, fiscal/business topics, SCFF impacts

Dates of Travel: 10/23/22 to 10/26/22

Estimated Expenses

Transportation: \$ 130.00 Meals: \$ 110.00
 Registration: \$ 450.00 Other \$ 0.00
 Lodging: \$ 642.00 TOTAL: \$ 1,332.00

Approved Estimated Expense

\$ 1,332.00

Iris I. Ingram, Vice Chancellor, Business Services

Administrator/Manager Signature

Iris I. Ingram, Vice Chancellor, Business Services

Signature of Chancellor/Vice Chancellor/President

8/16/2022

Date

Part 2: Request for Advances

Airfare booked by District's Travel Agency

(email photocopies to purchasing@rsccd.edu)

(1) PR #: _____ \$ 0.00

Vendor ID: 2428705

All Other Advances

(mail photocopies to Accounts Payable)

(2) Employee Advance \$ 0.00

Vendor ID: _____

Notes: _____

(3) Direct Pay - Registration \$ 450.00

Vendor ID: 1031288

Notes: Provide check to Barbie for mailing

(4) Direct Pay - Other \$ _____

Vendor ID: _____

Notes: _____

Total Advance \$ 450.00

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

Part 3: Actual Claims for Reimbursement

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

(1) Transportation \$ 128.75

Air \$ _____ Other \$ _____

Actual Miles 200.25 X \$0.625 = 128.75 * 450

(2) Registration Fee \$ 450.00

(3) Lodging \$ 642.00

(exclude phone calls, meals, parking)

(4) Meals \$ 94.00

Per Diem Rate: Breakfast \$10, Lunch \$20, Dinner \$30 updated 10/12/22

Date	Breakfast	Lunch	Dinner
10-23			30
10-24	120		
10-25			30
10-26		220	

(5) Other Expenses \$ 94.00

Description	Amount
	\$
	\$
	\$

Total Expenses \$ 1313.76

(6) Less Total Advance (Part 2) - \$ 450.00

Total Due Claimant \$ 863.76

I certify that the above are actual 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

Iris I. Ingram, Vice Chancellor, Business Services

Signature of Direct Supervisor

Date

10/31/2022

DAP

SolamarTM

[REDACTED]
United States

Room No. : 0601
Arrival : 11-11-21
Departure : 11-14-21
Folio No. :
Cashier No. : 211
Conf. No. : 5520455
Reference # :

Date	Description	Charges	Credits
11-11-21	Accommodation	229.00	
11-11-21	Tax Room Local	4.58	
11-11-21	Tax Room City	24.05	
11-11-21	CA Tourism Assessment	0.45	
11-11-21	Oaky Late Check Out	50.00	
11-11-21	Tax Room Local	1.00	
11-11-21	Tax Room City	5.25	
11-11-21	CA Tourism Assessment	0.10	
11-11-21	Overnight Parking	50.00	
11-12-21	Accommodation	229.00	
11-12-21	Tax Room Local	4.58	
11-12-21	Tax Room City	24.05	
11-12-21	CA Tourism Assessment	0.45	
11-12-21	Overnight Parking	50.00	
11-13-21	Accommodation	229.00	
11-13-21	Tax Room Local	4.58	
11-13-21	Tax Room City	24.05	
11-13-21	CA Tourism Assessment	0.45	
11-13-21	Overnight Parking	50.00	



WESTGATE LAS VEGAS
RESORT + CASINO

Arrival Date: 11/29/2022

Departure Date: 12/03/2022

3000 Paradise Road Las Vegas, NV 89109

Name: [REDACTED]

Address: [REDACTED]

FOR RESERVATIONS CALL
1-800-732-7117 or 702-732-5111

Group Code: SACTE2R

Room #:	425	Folio ID:	448932923745	Page	1
Date	Reference	Description	Charges	Credits	Balance
11/29/2022	448932923746	APPLIED DEPOSIT *****1018		55.56	55.56
11/29/2022	448939100175	EARLY CHECK IN FEE \$25 EARLY CHECK IN FEE	28.35		27.21
11/29/2022	448939100176	RESORT FEE RESORT FEE - \$30.00 + TAX	34.01		6.80
11/29/2022	448939101026	ROOM CHARGE 425 TAX2	49.00 6.56		62.36
11/30/2022	448949100289	RESORT FEE RESORT FEE - \$30.00 + TAX	34.01		96.37
11/30/2022	448949101542	ROOM CHARGE 425 TAX2	99.00 13.25		208.62
12/01/2022	448959100285	RESORT FEE RESORT FEE - \$30.00 + TAX	34.01		242.63
12/01/2022	448959101501	ROOM CHARGE 425 TAX2	99.00 13.25		354.88
12/02/2022	448969100263	RESORT FEE RESORT FEE - \$30.00 + TAX	34.01		388.89
12/02/2022	448969101558	ROOM CHARGE 425 TAX2	99.00 13.25		501.14
12/03/2022	448973165265	FRONT DESK AMER EXPRESS [REDACTED]		501.14	



SONESTA

HOTELS AND RESORTS

Sonesta Denver

United States

Company Name: Association for Career and Technical Edu

Group Name: ACTE Postsecondary CTE Conference

INVOICE

Room No. : 0708
Arrival : 09-19-23
Departure : 09-22-23
Folio No. : 108457
Conf. No. : LUY67W9V
Cashier No. : 6955
TA Record

Date	Description	Charges	Credits
09-19-23	Room Charge	229.00	
09-19-23	State Tax	9.16	
09-19-23	City Tax	24.62	
09-19-23	TID Assmt	2.29	
09-19-23	Guest Parking	20.00	
09-20-23	Room Charge	229.00	
09-20-23	State Tax	9.16	
09-20-23	City Tax	24.62	
09-20-23	TID Assmt	2.29	
09-20-23	Guest Parking	20.00	
09-21-23	Room Charge	229.00	
09-21-23	State Tax	9.16	
09-21-23	City Tax	24.62	
09-21-23	TID Assmt	2.29	
09-21-23	NOR1 Late Checkout	50.00	
09-21-23	Upsell State Tax	2.00	
09-21-23	Upsell City Tax	5.38	
09-21-23	Upsell TID Assmt	0.50	
09-21-23	Guest Parking	20.00	
09-22-23	American Express		913.09
Total Charges		913.09	
Total Credits			913.09



Thanks Susanne for choosing United!

Confirmation number: [REDACTED]

We're processing your request and will issue your ticket soon. A confirmation with your itinerary and receipt will be sent to [REDACTED]. If you don't receive an email, [chat with us](#).

[Manage my trip](#)

Purchase summary

Fare	\$378.02
Premium add-ons	\$72.00
Taxes and Fees	\$58.95

Confirmation number: [REDACTED]

We're processing your request and will issue your ticket soon. A confirmation with your itinerary and receipt will be sent to [REDACTED]. If you don't receive an email, chat with us.

[Manage my trip](#)

Purchase summary

Fare	\$378.02
------	----------

Premium add-ons	\$65.98
-----------------	---------

Taxes and Fees	\$63.90
----------------	---------

Total	\$507.90
--------------	-----------------

Credit card payment: \$507.90 [REDACTED]

Thanks for tipping, Janet

Here's your updated Thursday morning ride receipt.

Total

\$53.44

Trip fare

\$27.56

Subtotal

\$27.56

Reservation Fee

\$10.78

Beachline West Toll Plaza

\$2.11

Booking Fee

\$6.02

Tip

\$6.97

Payments



[Redacted Payment Information]

\$46.47



[Redacted Payment Information]

\$6.97

[Visit the trip page](#) for more information, including invoices (where available)

You rode with Dave

Comfort 21.94 miles | 26 min

4:25 AM | 1700 Epcot Resorts Blvd, Lake Buena Vista, FL 32830, US

4:51 AM | 1 Jeff Fuqua Blvd, Orlando, FL 32827, US

Fare does not include fees that may be charged by your bank. [Please contact](#) your bank directly for inquiries.

Reimbursement Totals

\$27.56 Trip Fare

\$10.78 Reservation Fee

\$2.11 Beachline West Toll Plaza

\$6.02 Booking Fee

\$5.51 Tip (20% of the Trip Fare total of \$27.56)

\$51.98 Total



RANCHO SANTIAGO
Community College District

CONFERENCE REQUEST CLAIM

Employee Name: [REDACTED] Employee #: [REDACTED] Telephone #: [REDACTED] Site: SCC Department: EOPS
Account #: 12-2176-675000-29905-5210 Requestor's Signature: [REDACTED] Request Date: 8/04/25

Part 1: Travel Authorization & Estimated Expenses

Title of Conference: California Student Parent Summit

Sponsoring Organization: Cal Poly

Location: San Luis Obispo

Business Reason:

The summit offers workshops, panels, and networking sessions focused on best practices for supporting student parents.

Dates of Travel: 09/09/2025 to 09/11/2025

Estimated Expenses

Transportation: \$ 520.00	Meals: \$ 183.00
Registration: \$ 110.00	Other \$ 100.00
Lodging: \$ 182.00	TOTAL: \$ 1,095.00

Approved Estimated Expense

\$ 1,095.00

Christopher T. Sweeten
Jennifer Coto (Aug 4, 2025 17:12:29 PDT)

Administrator/Manager Signature

Jennifer Coto
Jennifer Coto (Aug 7, 2025 14:12:25 PDT)

Signature of Chancellor/Vice Chancellor/President

Aug 7, 2025

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 \$ 570.56

Air \$ 507.90 Other \$ _____

Actual Miles: 89.52 X \$0.70 = 62.66

(2) Registration Fee \$ 150

(3) Lodging \$ 181.40

(exclude phone calls, meals, parking)

(4) Meals \$ 183

Per Diem Rate: Breakfast \$14, Lunch \$25, Dinner \$35

Date	Breakfast	Lunch	Dinner
9/9	14	25	35
9/10			35
9/11	14	25	35

(5) Other Expenses \$ 96.65

Description	Amount
Uber 9/9	\$ 21.21
Uber 9/10 & 9/11	\$ 37.74
Uber 9/11 & 9/11	\$ 37.68

Total Expenses \$ 1,181.61

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

Total Due Claimant \$ 1,181.61

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

Jennifer Coto
Jennifer Coto (Sep 15, 2025 09:24:55 PDT)

Signature of Direct Supervisor

Sep 15, 2025

Date



RANCHO SANTIAGO
Community College District

CONFERENCE REQUEST CLAIM

Employee Name: [REDACTED] Employee #: [REDACTED] Telephone #: [REDACTED] Site: SAC Department: Student Services
Account #: 12-2382-675000-53308-5210 Requestor's Signature: [REDACTED] Request Date: Oct 14, 2022

Part 1: Travel Authorization & Estimated Expenses

Title of Conference: 6th Annual CABSE Education Conference
Sponsoring Organization: CA Asso. of Black School Educators
Location: Omni La Costa Resort & Spa, Carlsbad
Business Reason:
The conference will be centered around this years theme "Beyond the Rhetoric: Education as Reparations".
Dates of Travel: 11/10/22 to 11/12/22

Estimated Expenses	
Transportation: \$ 150.00	Meals: \$ 130.00
Registration: \$	Other \$ 200.00
Lodging: \$ 1,700.00	TOTAL: \$ 2,180.00

Approved Estimated Expense
\$ 2,180.00

Administrator/Manager Signature

Anabelle Nery
Signature of Chancellor/Vice Chancellor/President
Oct 17, 2022
Date

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 \$ 0.00
(not to exceed 75% of Total Approved Estimated Expenses)

Part 3: Actual Claims for Reimbursement

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

(1) Transportation \$ 81.00
Air \$ 0 Other \$ 0
Actual Miles: 129.6 X \$0.625 = 81.00

(2) Registration Fee \$ 0

(3) Lodging \$ 473.83 338.38
(exclude phone calls, meals, parking)

(4) Meals \$ 30.00 ✓
Per Diem Rate: Breakfast \$10, Lunch \$20, Dinner \$30

Date	Breakfast	Lunch	Dinner
11/10	—	—	30.00

(5) Other Expenses \$ 35.00 ✓

Description	Amount
Self Parking	35.00

Total Expenses \$ 619.83
(6) Less Total Advance (Part 2) - \$ 0
Total Due Claimant \$ 619.83

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

Anabelle Nery

Signature of Direct Supervisor

Nov 15, 2022

Date

Santa Ana College
to Omni la Costa Golf Club

1 hr 7 min

64.8 miles

Est fuel cost:

\$8.84



IRS reimbursement:

\$37.90

1 hr 7 min (64.79 miles)

Santa Ana College to Omni la Costa Golf Club

Santa Ana College



Start out going south on S Bristol St toward W Elder Ave.

Then 2.99 miles



Merge onto I-405 S toward San Diego.

Then 9.36 miles



Merge onto I-5 S via the exit on the left.

Then 49.34 miles



Take the La Costa Ave exit, EXIT 44.

Then 0.29 miles

Santa Ana College to
Omni la Costa Resort/Spa
Carlsbad 64.8
 $64.8 \times 2 = 129.6$
 $129.6 \times \$0.625 = \$81$

OMNI RESORTS la costa

Santa Ana College 1530 W 17th St
Santa Ana CA 92706
United States

Room No. : 0472
Arrival : 11-10-22
Departure : 11-11-22
Page No. : 1 of 1
Folio No. : 529503
Conf. No. : 760939
Cashier No. : 446

INVOICE

Membership No. : SG 8901125304
A/R Number :
Group Code : 110622CABSE
Company Name :

11-11-22

Date	Description	Charges	Payments
11-10-22	Bob's Steakhouse Dinner	135.45	
11-10-22	Room Charge - No RSC	279.00	
11-10-22	10% City Occupancy Tax	27.90	
11-10-22	2% City Tourism BID	5.58	
11-10-22	California Tourism Fee	1.50	
11-10-22	\$2 City BID	2.00	
11-10-22	Self Park Overnight	35.00	
11-10-22	Group Resort Services Charge	20.00	
11-10-22	10% RSC City Occupancy Tax	2.00	
11-10-22	2% RSC City Tourism BID	0.40	
11-11-22	MasterCard		508.83
Total		508.83	508.83
Balance			0.00

338.38

Notice the hotel bill, Bob's Steakhouse 135.45 and Parking 35.00.
They were claiming for hotel 473.83, did not take out the steakhouse charge and are claiming per diem.
They just took out the parking. Total for hotel should be 338.38.

6th Annual CABSE, Carlsbad CA

Itinerary	For Name
Trip Description:	6 th Annual CABSE Educational Conference
Dates:	Thursday, November 10 th thru Saturday, November 12 th
Trip Length:	3 Days
Hotel:	Omni La Costa Resort & Spa 2100 Costa Del Mar Road, Carlsbad, CA 92009 (760) 438-9111 Reservation #400495222566 Check-in: Thursday, Nov. 10 th at 3:00 p.m. Check-out: Saturday, Nov. 12 th at 11:00 a.m.
Conference Begins: Conference Ends:	Thursday, November 10 th at 8:00 a.m. Saturday, November 12 th at 11:15 a.m.
Schedule Overview:	Wednesday, November 9, 2022 • 4:30 p.m. – 5:30 p.m. Conference Registration Thursday, November 10, 2022 • 6:45 a.m. – 8:00 a.m. – Conference Registration • 7:15 a.m. – Departure for Site Visit • 8:00 a.m. – 1:00pm – Pre-Conference Site Visit – Oceanside High & Mira Costa College • 12:00 p.m. – 4:00 p.m. – Conference Registration • 1:30 p.m. – 2:30 p.m. Breakout Sessions – A • 2:45 p.m. – 3:45 p.m. Breakout Sessions – B • 3:45 p.m. – 4:00 p.m. Afternoon Break • 4:00 p.m. – 5:00 p.m. Team Planning Time • 4:00 p.m. – 5:00 p.m. Board of Governors Meeting • 5:30 pm – 7:30 pm President's Reception



CONFERENCE REQUEST CLAIM

Employee Name: [REDACTED] Employee #: [REDACTED] Telephone #: [REDACTED] Site: SAC Department: Bus Apps & Tech
Account #: 12-1824-675000-15205-5210 Requestor's Signature: [REDACTED] Request Date: 08/10/2022

Part 1: Travel Authorization & Estimated Expenses

Title of Conference: 2022 CCCAOE Fall Conference

Sponsoring Organization: CCCAOE

Location: Rancho Mirage, CA

Business Reason:

Get information, share insights, find solutions to increase retention and success among CE students.

Dates of Travel: 10/04/22 to 10/07/22

Estimated Expenses

Transportation: \$ 107.35 Meals: \$ 80.00

Registration: \$ 695.00 Other \$ 0.00

Lodging: \$ 680.70 TOTAL: \$ 1,563.05

Approved Estimated Expense

\$ 1,563.05

Fernando Ortiz

[Signature]
Jeffrey Smith (Aug 17, 2022 11:52 PDT)

Administrator/Manager Signature

Ransbelle Nery

Signature of Chancellor/Vice Chancellor/President

Aug 17, 2022

Date

Part 2: Request for Advances

Airfare booked by District's Travel Agency

(email photocopies to purchasing@rscsd.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 \$ 0.00

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

Part 3: Actual Claims for Reimbursement

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

(1) Transportation \$ 118.75

Air \$ _____ Other \$ _____

Actual Miles: 190 X \$0.575 = \$ 118.75
0.625

(2) Registration Fee \$ 695.00

(3) Lodging \$ 680.70

(exclude phone calls, meals, parking)

(4) Meals \$ 64.00

Per Diem Rate: Breakfast \$10, Lunch \$20, Dinner \$30

Date	Breakfast	Lunch	Dinner
10/05	\$12		
10/06			\$30
10/07		\$22	

(5) Other Expenses \$ 0.00

Description	Amount
	\$
	\$
	\$

Total Expenses \$ 1,558.45

(6) Less Total Advance (Part 2) - \$ 0.00

Total Due Claimant \$ 1,558.45

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

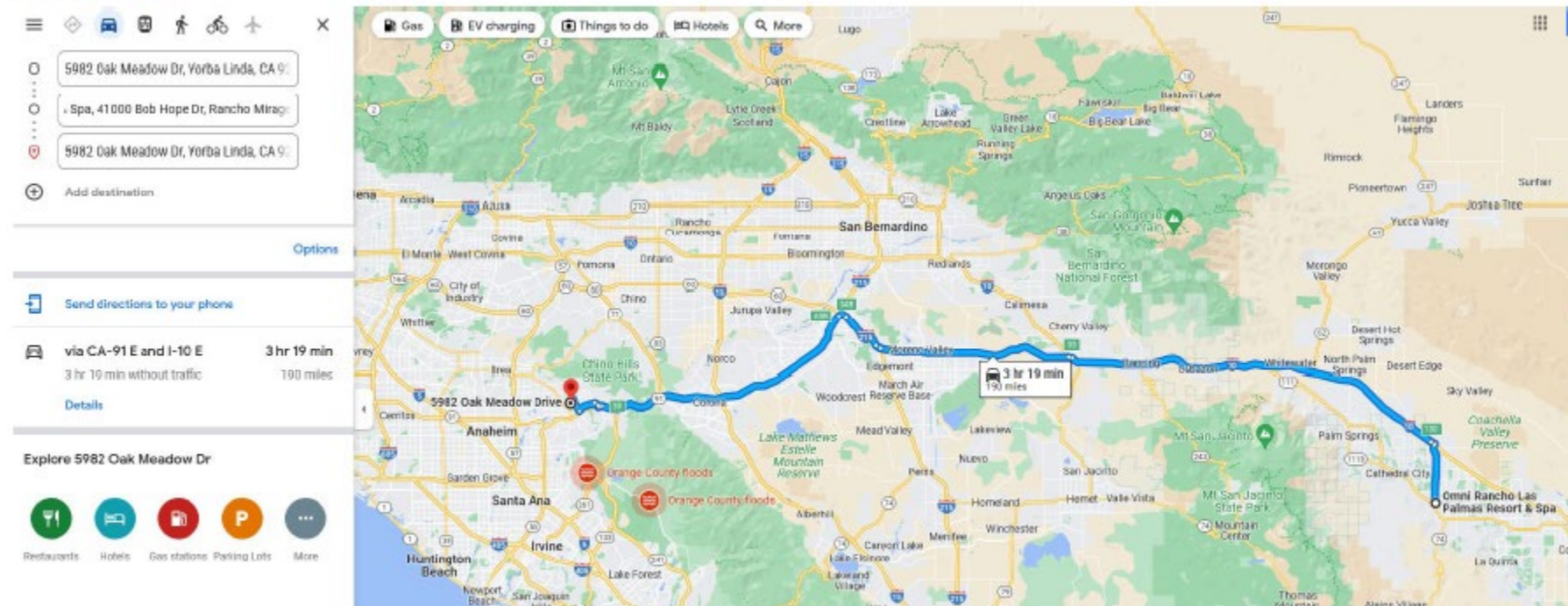
Douglas R. Benoit

Signature of Direct Supervisor

Nov 9, 2022

Date

Mileage



190 Miles x .625 per mile = \$118.75

Registration Information



CCCAOE Fall 2022 Conference - In person and Virtual Option

Omni - Rancho Mirage

October 5-7

Thank you for registering to attend CCCAOE Fall 2022 Conference - In person and Virtual Option

ID	Name	Type	Status	Other	Amount Paid	Total	Amount Due
243012	[REDACTED]	Full Conference	Registered		\$695.00	\$695.00	\$0.00

Amount Paid - \$695.00

[REDACTED]
Full Conference

Please note: * Make all checks payable to CCCAOE 1800 21st Street, PMB 205, Sacramento, CA 95811 * Please note the conference attendee's name and organization on the check submitted. * All credit card payments for CCCAOE Fall Conference registration fees should be submitted online. * Please see COVID-19 Policy @ www.cccaoe.org * If you have any questions concerning this invoice, please contact Amy Christianson, Executive Director @ registration@cccao.org

All registered attendees will receive a confirmation email. Please check your junk or spam email folders if you don't receive a confirmation email in your inbox.

[Return to site](#)

Reservation Summary

Guest

[Redacted]
[Redacted]
[Redacted]
[Redacted]

Occupants 1 Adults, 0 Children

Your Stay 3 nights, 1 room(s)

Room Type Vista View Room - 2 Queen Beds

Room Rate

CCCAOE 2022	
3 nights	185.00 USD
Sub-total (3 nights):	555.00 USD
Taxes (room only):	80.70 USD
Resort Charge:	45.00 USD
Additional Items Taxes**:	0.00 USD

Grand Total 680.70 USD

Mastercard ***** [Redacted]
Deposit not required

OMNI RESORTS

rancho las palmas

United States

Room No. : 0024
Arrival : 10-04-22
Departure : 10-07-22
Page No. : 1 of 1
Folio No. :
Conf. No. : 2889049
Cashier No. :

INFORMATION INVOICE

Membership No. : GG 0566065455
A/R Number :
Group Code : 100322CCCCOE
Company Name :

10-07-22

Date	Description	Charges	Payments
10-04-22	Room Charge	185.00	
10-04-22	10% City Occupancy Tax	18.50	
10-04-22	3% BID County Occupancy Tax	5.55	
10-04-22	.45% California Tourism Tax	0.83	
10-04-22	Group Resort Services Charge	15.00	
10-04-22	3% RSC BID County Tax	0.45	
10-04-22	.45% RSC California Tourism Tax	0.07	
10-04-22	10% RSC City Occupancy Tax	1.50	
10-05-22	Room Charge	185.00	
10-05-22	10% City Occupancy Tax	18.50	
10-05-22	3% BID County Occupancy Tax	5.55	
10-05-22	.45% California Tourism Tax	0.83	
10-05-22	Group Resort Services Charge	15.00	
10-05-22	3% RSC BID County Tax	0.45	
10-05-22	.45% RSC California Tourism Tax	0.07	
10-05-22	10% RSC City Occupancy Tax	1.50	
10-06-22	Room Charge	185.00	
10-06-22	10% City Occupancy Tax	18.50	
10-06-22	3% BID County Occupancy Tax	5.55	
10-06-22	.45% California Tourism Tax	0.83	
10-06-22	Group Resort Services Charge	15.00	
10-06-22	3% RSC BID County Tax	0.45	
10-06-22	.45% RSC California Tourism Tax	0.07	
10-06-22	10% RSC City Occupancy Tax	1.50	
10-07-22	MasterCard		680.70
Total		680.70	680.70
Balance			0.00

FALL 2022 SCHEDULE AT A GLANCE

Tuesday, Oct 4, 2022

BEGINNING AT 1:00 PM PRE-CONFERENCE SESSIONS WITH ACUE, CCCCO AND FCCCO
(each with separate registrations)

Wednesday, Oct 5, 2022

8:00 REGISTRATION
8:30 **PLENARY ROTATION 1,**
(CHOICE OF 4 SESSIONS)
9:30 BREAK
9:45 **PLENARY ROTATION 2,**
(CHOICE OF 4 SESSIONS)
11:00 **REGIONAL MEETINGS**
12:00 NETWORKING LUNCH
1:00 **BREAKOUT SESSIONS A**
2:00 BREAK
2:20 **KICK OFF**
2:45 **KEYNOTE**
4:00 **CCCCO**
5:30 **PRESIDENT'S RECEPTION**

Thursday, Oct 6, 2022

7:30 BREAKFAST
8:30 **SKILLS SESSIONS**
9:30 BREAK
10:00 **BREAKOUT SESSIONS B**
11:00 BREAK
11:15 **BREAKOUT SESSIONS C**
12:15 LUNCH
1:15 **KEYNOTE/PLENARY**
2:45 **BREAKOUT SESSIONS D**
3:45 BREAK
4:00 **BREAKOUT SESSIONS E**
DINNER ON YOUR OWN

Friday, Oct 7, 2022

7:00 BREAKFAST
8:00 BUSINESS MEETING
8:30 **BREAKOUT SESSIONS F**
9:45 **PLENARY ROTATION 3,**
(CHOICE OF 2 SESSIONS)
11:00 **KEYNOTE WORKSHOP**

*Schedule subject to change



Event Agenda

FALL 2022 SCHEDULE AT A GLANCE

Tuesday, Oct 4, 2022

1:00 PRE-CONFERENCE SESSIONS WITH FCCCC AND MORE...

Wednesday, Oct 5, 2022

8:00 REGISTRATION

8:30 **PLENARY A,B,C ROTATION 1**

9:30 BREAK

9:45 **PLENARY A,B,C ROTATION 2**

11:00 **REGIONAL MEETINGS**

12:00 LUNCH

1:00 **KICK OFF**

1:30 **KEYNOTE**

2:45 BREAK

3:00 **CCCCO**

4:00 **BREAKOUT SESSIONS A**

5:30 *PRESIDENT'S RECEPTION*

Thursday, Oct 6, 2022

7:30 BREAKFAST

9:00 **SKILLS SESSIONS**

10:00 BREAK

10:30 **BREAKOUT SESSIONS B**

11:45 LUNCH

1:00 **PANEL**

2:30 **BREAKOUT SESSIONS C**

3:30 BREAK

4:00 **BREAKOUT SESSIONS D**

Friday, Oct 7, 2022

7:30 BREAKFAST

8:00 BUSINESS MEETING

8:30 **PLENARY D,E,F ROTATION 3**

9:30 BREAK

9:45 **PLENARY D,E,F ROTATION 4**

11:00 **KEYNOTE**

11:55 *CLOSING REMARKS*

*Schedule subject to change

ACBL - GL Account Balance Inquiry ☆

GL Account : 12-1824-675000-15205-5210
GL Account Description : Conference Expenses - Travel :

Fiscal Year

Annual Amount

Allocated Budget 

Actuals 

Encumbrances 

Unencumbered Balance

Requisitions 

Available Funds



Conference Claims (Traveling with Students)

Frequently Used Object Codes - Expanded Descriptions

Revised: 03/27/2024

Note: Unit cost (or cost per unit) is the total cost including tax and shipping per unit.

Major Category	Object Code	Object Code Description	Notes	TOPS Notes
Supplies & Materials	4710	Food and Food Services Supplies	Use this object code for food and food supplies that are paid at cost with an itemized receipt or invoice (not paid per diem). This includes: * Food purchased for student trips/conferences, program events, community events, department meetings. Do NOT use this object code for: * Meals paid per diem as part of District employee travel. See object code 5210. (The State Budget & Accounting Manual requires accounting for per diem related to employee travel in a 5xxx object code.) * Food assistance given to students as non-cash student aid such as food vouchers or food purchased for a food pantry for students. See object code 7671.	This object code should be paired with the TOPS that most accurately describes the activity. For categorical projects, if the expense is <u>excluded</u> from indirect cost, use TOPS code that ends with xxxxx9.

Frequently Used Object Codes - Expanded Descriptions

Revised: 03/27/2024

Note: Unit cost (or cost per unit) is the total cost including tax and shipping per unit.

Major Category	Object Code	Object Code Description	Notes	TOPS Notes
Other Operating Expenses & Services	5905	Student & Others Travel & Conference (formerly "Other Participant Travel Exp")	Use this object code for Student and Other participant travel to authorized meetings, conferences (online or in-person), and events. This includes: • lodging • airfare • registration fees (online or in-person) • ticket or entry fees to museums, cultural events, etc. Do NOT use this object code for: • Student transportation (to and from college) such as charter bus rentals. See object code 5966. • Food for students. See object code 4710. If the trip includes students and district employees, the expenses related to students should be coded to 5905 and the expenses related to district employees should be coded to 5210/5215.	This object code should be paired with the TOPS that most accurately describes the activity. For categorical projects, if the expense is <u>excluded</u> from indirect cost, use TOPS code that ends with xxxxx9.



When traveling with students:

- ▶ Please submit one conference reimbursement form for yourself (employee) with account that has 5210 in the object code.
- ▶ Please submit one conference reimbursement form for the students with account that has 5905 in the object code for student travel expenses (ie. Lodging, airfare, registration, tickets, etc) except for food and 4710 in the object code for food (itemized receipt no per diem) - (employee + students).



When traveling with students:

- After you completed your travel/conference, please submit all receipts within **15 business days** of returning from travel.
- airfare receipt to show the travel period
- registration receipt
- lodging receipt
- agenda from the conference to show which meal is included in the paid registration fees so we can audit the per diem claimed for staff and the itemized receipt for food submitted for the student portion
- any other expenses receipts
- **Please only send in conference reimbursement claim form once you have the complete backup documentation and please do not send in conference reimbursement claim form that is incomplete (missing receipts).**



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



RANCHO SANTIAGO
Community College District

V1244461

CONFERENCE REQUEST CLAIM

Employee Name: Dan Ruiz w/ MESA Students Employee # [REDACTED] Telephone # [REDACTED] Site: SAC Department: CNSL/MESA
Account #: 12-2548-649000-15340-59C Requestor's Signature: [REDACTED] Request Date: 5/27/25

Part 1: Travel Authorization & Estimated Expenses

Title of Conference: UAF Summ Research Intensive

Sponsoring Organization: MESA/Univ. of Alaska (UAF)

Location: Anchorage, Alaska

Business Reason:
MESA students will conduct hands-on research & engage in educational activities w/ UAF faculty & peers, SAC faculty/staff.

Dates of Travel: 07/18/25 to 07/28/25

Estimated Expenses			
Transportation:	\$2000.00	Meals:	\$5920.00
Registration:	\$	Other:	\$9000.00
Lodging:	\$5000.00	TOTAL:	\$31920

Approved Estimated Expense

\$ 31920

Maria Dela Cruz

Administrator/Manager Signature

Annebetha May

Signature of Chancellor/Vice Chancellor/President

Date

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 \$ 23940

Vendor ID: 1836441

V1224169

Notes: Transport, Lodging, Ed Activity, Vehic

(3) Direct Pay - Registration \$

Vendor ID:

Notes:

(4) Direct Pay - Other \$

Vendor ID:

Notes:

* Total Advance \$ 23940

* 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 \$ 11,750.22 ✓

Air \$ Other \$

Actual Miles: X \$0.67 =

(2) Registration Fee \$ 0 ✓

(3) Lodging \$ 4,826.44 ✓

(exclude phone calls, meals, parking)

(4) Meals \$ 2402.59 ✓

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

Date	Breakfast	Lunch	Dinner

B = \$14

L = \$25

D = \$35

(5) Other Expenses \$ 7,741.51 ✓

Description	Amount
	\$
	\$
	\$

Total Expenses \$ 26,720.76

(6) Less Total Advance (Part 2) - \$ 23,940.00

Total Due Claimant \$ 2,779.73

2780.76

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

Maria Dela Cruz

Signature of Direct Supervisor

9/18/25

Date

AIRLINE RECEIPT for MESA Students & MESA Faculty

Flight	Departs	Arrives
 Alaska 1325		
Main (M)	Orange County/Santa Ana (SNA)	Seattle (SEA)
Nonstop	Fri, Jul 18	Fri, Jul 18
Distance: 979 mi	6:45 am	9:42 am
Duration: 2h 57m		
 Hawaiian 681 (Alaska 8097)		
Coch (M)	Seattle (SEA)	Anchorage (ANC)
Nonstop	Fri, Jul 18	Fri, Jul 18
Distance: 1,444 mi	11:45 am	2:30 pm
Duration: 3h 45m		
Operated by Hawaiian Airlines		
Check in with Hawaiian Airlines		
 Alaska 104		
Main (M)	Anchorage (ANC)	Seattle (SEA)
Nonstop	Mon, Jul 28	Mon, Jul 28
Distance: 1,444 mi	10:35 am	3:04 pm
Duration: 3h 29m		
 Alaska 1202		
Main (S)	Seattle (SEA)	Orange County/Santa Ana (SNA)
Nonstop	Mon, Jul 28	Mon, Jul 28
Distance: 979 mi	5:35 pm	8:26 pm
Duration: 2h 50m		
Flight Total for 5 passengers: \$6,527.90		
The VISA ending with [REDACTED] been charged a total of USD \$6,527.90.		
Total per passenger	\$1,305.58	
Airfare	\$1,192.20	
Taxes, fees, and charges	\$113.38	
United States Flight Segment Tax		
Domestic	\$20.80	
US Alaska/Hawaii tax	\$22.80	
US psgr. facility charge	\$16.50	
US Sept. 11 security fee	\$11.20	
US transportation tax	\$42.08	

Each ticket will be a separate charge on your credit card statement.

For additional assistance with your reservation, call us at 1-800-252-7522 for assistance.

Dan Ruiz - faculty

Camila Ramirez - student

Janelle Ramirez - student

Jennifer Rodriguez - student

Fernanda Vidal - student

GRAND TOTAL:
\$ 11,750.22 ✓

Flight	Departs	Arrives
 Alaska 1325		
Main (M)	Orange County/Santa Ana (SNA)	Seattle (SEA)
Nonstop	Fri, Jul 18	Fri, Jul 18
Distance: 979 mi	6:45 am	9:42 am
Duration: 2h 57m		
 Hawaiian 681 (Alaska 8097)		
Coach (M)	Seattle (SEA)	Anchorage (ANC)
Nonstop	Fri, Jul 18	Fri, Jul 18
Distance: 1,444 mi	11:45 am	2:30 pm
Duration: 3h 45m		
Operated by Hawaiian Airlines		
Check in with Hawaiian Airlines		
 Alaska 104		
Main (M)	Anchorage (ANC)	Seattle (SEA)
Nonstop	Mon, Jul 28	Mon, Jul 28
Distance: 1,444 mi	10:35 am	3:04 pm
Duration: 3h 29m		
 Alaska 1202		
Main (S)	Seattle (SEA)	Orange County/Santa Ana (SNA)
Nonstop	Mon, Jul 28	Mon, Jul 28
Distance: 979 mi	5:35 pm	8:25 pm
Duration: 2h 50m		

Flight Total for 4 passengers: \$5,222.32

The VISA ending with [REDACTED] been charged a total of USD **\$5,222.32.**

Total per passenger	\$1,305.58
Airfare	\$1,192.20
Taxes, fees, and charges	\$113.38
United States Flight Segment Tax	
Domestic	\$20.80
US Alaska/Hawaii tax	\$22.80
US psgr. facility charge	\$16.50
US Sept. 11 security fee	\$11.20
US transportation tax	\$42.08

Each ticket will be a separate charge on your credit card statement.

For additional assistance with your reservation, call us at 1-800-252-7522 for assistance.

Damian Estrada - student

Josue Lopez - student

Samuel Choi - student

Ocelotl Garcia-Brindis - student

MESA Progam 2025 Event Invoice

Invoice Number: 2859

Invoice Generated: 9/9/2025



Campus Services
UNIVERSITY of ALASKA ANCHORAGE

Payments

Date	Payment Details	Payment Type	Payment Amount
9/9/2025	Credit Card Payment \$3188.03 - Per Vicky Appr Code 009795	MC	\$3,188.03
Payment Total :			\$3,188.03

UAA HOUSING DINING CONF
3700 SHARON GAGNON LANE
ANCHORAGE, AK 99508
907-751-7247

09/09/25

09/09/25

PHONE ORDER

Entry Method: MANUAL

Appr Code: 009795

Transaction ID: 0001

Host Trans ID: 0909MCWPD5MSTG

Batch: 50

Invoice: 2859

Response: ZIP MATCH

Approved: Online

AVS Code: ZIP MATCH 2

CVC2 Code: MATCH M

Total:

\$ 3,188.03

UAA Housing/ Breakfast / Classroom Space

Dates: July 18, 2025

July 19, 2025

July 20, 2025

July 21, 2025

MESA Students: 8

SAC Faculty: 2

MESA Program 2025 (Second stay) Event Invoice

Invoice Number: 2915

Invoice Generated: 9/9/2025

Billed to:

Dan Ruiz
1530 W. 17th Street
Santa Ana, CA 92706



Billed by:

University of Alaska Anchorage | Conference Services
3700 Sharon Gagnon Lane, Ste 6-102
Anchorage, AK 99508
Phone: 907.751.7273 | Fax: 907.751.7208

Summary Information

Total Charges:	\$1,638.41
Total Payments:	\$1,638.41
Balance Due:	\$0.00

Charges

Charge Details	# Items	\$ / Unit	Charge	Tax	Total
Housing- Non-Taxable					
Housing - Beds. 07/26/25 - 07/28/25. 10 participants for 2 nights @ \$74/per person per night (Educational Rate) -Santa Ana CA. Dan Ruiz Group. A charge of \$40.00 per room will be applied for rooms that are reserved but not used. 10 Beds.	20	\$74.00	\$1,480.00	\$0.00	\$1,480.00
Housing- Non-Taxable Subtotal:			\$1,480.00	\$0.00	\$1,480.00
Misc - Catering					
Catering - Catering. 07/26/25 - 07/28/25. Administrative Fee \$10.36. @ \$10.36/Meal(s) x 1 Meal(s).	1	\$10.36/Meal(s)	\$10.36	\$0.00	\$10.36
Misc - Catering Subtotal:			\$10.36	\$0.00	\$10.36
Misc - Dining Meals					
Catering - Breakfast. 07/26/25 - 07/28/25. 9 Meals Tickets. 9 Breakfast @ \$16.45/Meal(s) x 1 Meal(s).	9	\$16.45/Meal(s)	\$148.05	\$0.00	\$148.05
Misc - Dining Meals Subtotal:				\$0.00	\$148.05
Charge Total:				\$0.00	\$1,638.41

Payments

Date	Payment Details	Payment Amount
9/9/2025	Credit Card Payment \$1638.41 -Per Vicky Appr Code 009195	\$1,638.41
Payment Total :		\$1,638.41

UAA HOUSING - DINING CONF
3700 SHARON GAGNON LANE
ANCHORAGE AK 99508
907-751-7273

PHONE ORDER

APP# *****
Entry Method: PHONE ORDER
Appr Code: 009195
Transaction ID: 0002
Host Trans ID: 0000MCWLWUSHI
Batch: 50
Invoice: 2915
Response: ZIP MATCH
Approved: Online
AVS Code: ZIP MATCH 2
CVC2 Code: MATCH M

Total: \$ 1,638.41

NO SIGNATURE REQUIRED

MESA Housing & Breakfast

Location: UAA Housing - East Hall Dorms

Date: July 26, 2025

July 27, 2025

July 28, 2025

MESA Students: 8

SAC Faculty: 2

Kasiltna Bay (LST/LDT; ft)	Sunday (7/20)	Monday (7/21)	Tuesday (7/22)	Wednesday (7/23)	Thursday (7/24)
High Tide			12:35 AM; 18.70	01:36 AM; 19.49	02:30 AM; 20.11
Low Tide	05:09 AM; 0.66	6:21 AM; -0.51	7:24 AM; -1.78	08:19 AM; -2.86	09:07 AM; -3.51
High Tide	11:51 AM; 14.04	1:06 PM; 15.16	02:06 PM; 16.46	02:57 PM; 17.62	03:41 PM; 18.48
Low Tide	05:09 PM; 6.14	6:25 PM; 5.94	07:32 PM; 5.14	08:29 PM; 4.13	09:18 PM; 3.21
6:30 AM				Breakfast prep- Dan Lunch set out for packing - Steve, Elena	
7:00 AM			*Optional* Tidepooling in front of lab	Breakfast - Quick and Easy	Breakfast Prep - Claire Lunch set out - Javier, Madeleine
7:30 AM					Breakfast - Quick and Easy
8:00 AM			Breakfast prep- Dan Lunch set out for packing- Elena, Steve	- Depart for Epic tidepooling excursion! Hike 1 mile to Jakolof Bay	
8:30 AM			Breakfast	Guided tidepooling at Jakolof Bay (Katie G)	
9:00 AM					
9:30 AM			Alaska Coastal Ecology Orientation Explorations (rotations 45 min each)		
10:00 AM			- Touch Tanks in Lab- sketching, close observation, GLOBE water chemistry (Katie G, Crystal)		
10:30 AM			- Algae Lab- using dichotomous keys, understanding algae and climate, emerging kelp industry in AK (Katie S)	- Hike back to field station - Research Group Assignments and first meeting with research team - Work with mentor and team to develop question and research plan	- Depart for field sites - Field work and data collection in teams at various field sites
11:00 AM					
11:30 AM	UAF drive to Anchorage SAC exploring ANC	Stretch legs and lunch at Soldotna			
12:00 PM					
12:30 PM		Travel (Vans) Soldotna > Homer	Lunch	Lunch	Lunch
1:00 PM					
1:30 PM		Explore Bishop's beach ecology and Homer Spit shops Pack pizzas and salad on boat	Alaska Coastal Ecology Orientation Explorations (rotations 1.5 hours each) - Plankton tow from dock and microscope identification of plankton, GLOBE hydrology and atmosphere (sechi disc, cloud cover, wind speed) (Katie G and Elena) - Coastal Rainforest plants hike, GLOBE trees and GLOBE soils (Katie S)	Groups work on research plan	- Introduction to ANOVA and regression statistics for data analysis - Data analysis & poster making
2:00 PM					
2:30 PM					
3:00 PM		Brief Geographic Orientation (Katie G)			
3:30 PM	UAF check-in to UAA dorms	Move Gear/Load Boat			
4:00 PM		Travel (Water Taxi)			
4:30 PM		Homer Harbor > Kasiltna Bay Laboratory	Physical Oceanography & Bathymetry	- How to communicate your research in a professional scientific poster (Crystal) - Tour of posters in the lab	
	- Introductions and Ice Breakers				

ALASKA TRIP - STUDENT MEALS

	Breakfast		Lunch		Dinner	
18-Jul			\$ 127.36	Smith Cove	\$ 204.38	Moose's Tooth
19-Jul			\$ 70.57	Greedy Cow	\$ 185.28	Swiftwater
					\$ 11.96	Whittier Ice Cream
20-Jul			\$ 77.64	Fred Meyer	\$ 558.70	Wal Mart
			\$ 25.77	Fred Meyer		
21-Jul			\$ 137.62	Fred Meyer	\$ 86.08	Fred Meyer
					\$ 48.83	Fred Meyer
					\$ 342.62	Fred Meyer
22-Jul						
23-Jul						
24-Jul						
25-Jul			\$ 22.11	Seldovia Roasting Co.		
26-Jul			\$ 76.55	McDonalds	\$ 120.03	Great Alaska Pizza Co.
27-Jul					\$ 229.20	Bear Paw
28-Jul	\$ 26.10	McDonalds	\$ 14.40	Urban Market		
	\$ 19.90	McDonalds	\$ 4.40	Urban Market		
	\$ 9.10	McDonalds	\$ 3.99	Euro Cafe		
	\$ 55.10		\$ 560.41		\$ 1,787.08	

Groceries for 7/21 dinner and 7/22-7/26 breakfast, lunch and dinner were all purchased before traveling to Kasitsna Bay Lab

2,402.59

MISC EXPENSES

14-Jul	\$ 183.78	Amazon - duffie bags
18-Jul	\$ 14.92	Uber
18-Jul	\$ 80.00	Alaska Airlines - luggage fees
18-Jul	\$ 100.00	Alaska Airlines - heavy bag fee
18-Jul	\$ 11.75	Alaska Yellow Cab
20-Jul	\$ 4,654.20	Midnight Sun Car & Van Rental
19-Jul	\$ 38.00	Toll Fee
19-Jul	\$ 1,673.55	Phillips Cruises and Tours
20-Jul	\$ 150.00	Alaska Native Heritage Center
20-Jul	\$ 22.76	WalMart - misc supplies
20-Jul	\$ 73.90	Fred Meyer - misc supplies
19-Jul	\$ 25.16	Fred Meyer - misc supplies
25-Jul	\$ 180.00	Hato Cab Co.
27-Jul	\$ 172.00	Alaska Wildlife Conservation Ctr
20-Jul	\$ 39.49	Rebel - gas
26-Jul	\$ 61.92	Chevron - gas
27-Jul	\$ 80.08	Speedway Express - gas
28-Jul	\$ 80.00	Alaska Airlines - luggage fees
28-Jul	\$ 100.00	Alaska Airlines - heavy bag fee
	\$ 7,741.51	

MESA Students Lunch (8)

Date: July 18, 2025

Grand Total: \$ 197.93

SSP America
Smith Cove
SEATAC Airport

Lunch allowance \$25.00 per student (200.00 total)

5033 Patrick

Chk 1766 TOGO DAN Gst 0
Jul18'25 10:24AM

To Go
Closed Check
Reprint

1 Tap Room Burg	20.00
Core Recipe	
\$fries	1.00
1 Tap Room Burg	20.00
Core Recipe	
\$fries	1.00
1 BLTA	18.50
Core Recipe	
\$fries	1.00
1 Grid Ch Avo Club	23.00
Core Recipe	
\$fries	1.00
1 Crspy Chk Ten	21.00
Core Recipe	
Charge Tip	10.00
XXXXXXXXXX [REDACTED]	
Master Card	127.36
Subtotal	106.50
Tax	10.86
Service Cge	10.00
Payment	127.36

-----6033 Jul18'25 10:39AM-----

SSP America
Greedy Cow
SEATAC International Airport

Order # 49

5068 Firkirte

Chk 3449 Jul18'25 10:22A Gst 0

To Go	
1 Fish & Chips	22.50
\$Sub Swt Fries	1.00
2 ShRib Grid Chs	36.00
Core Recipe	
Charge Tip	5.00
XXXXXXXXXX [REDACTED]	
Master Card	70.57
Subtotal	59.50
Tax	6.07
Service Cge	5.00
Payment	70.57

-----LOCATION: 6951550-----

Grand Total: \$ 204.38

Allowance \$35.00 per student (total \$280)

***** Revised *****

Moose's Tooth
3300 Old Seward Highway
Anchorage, Alaska 99503
Phone: 907-258-2537
www.moosestooth.net

Dine In

Tbl# 403

Empl: Elaina P. 7/18/2025 7:04 PM
1 Medium Reg Elf on The Shelf 26.95
1 Medium Reg Call of the Wild 32.95
1 Medium Reg Avalanche 30.95
1 Medium Reg Napoleon 28.95
1 Medium Reg Santas 32.95
1 King Wings 16.95
1 Coke 3.50

Subtotal 173.20
Tax 0.00
18% Gratuity 31.18
Total 204.38

204.38

Tip 0
Total 204.38

*** Guest Copy ***
Order #1138-2

Moose's Tooth

3300 Old Seward Highway
Anchorage, Alaska 99503
Phone: 907-258-2537
www.moosestooth.net

Dine In

Tbl# 403

Empl: Elaina P. 7/18/2025 7:04 PM
1 Medium Reg Elf on The Shelf 26.95
1 Medium Reg Call of the Wild 32.95
1 Medium Reg Avalanche 30.95
1 Medium Reg Napoleon 28.95
1 Medium Reg Santas 32.95
1 King Wings 16.95
1 Coke 3.50

Subtotal 173.20
Tax 0.00
18% Gratuity 31.18
Total 204.38

Order #1138-2

MESA Student Dinner (8)

Date: July 19, 2025

8 meals = \$185.28 + 2 desserts = \$11.96

GRAND TOTAL: \$ 197.24

**Allowance is \$35.00 per student (total \$280)

SWIFTWATER

5A HARBOR LOOP RD
WHITTIER, AK 99693
9074723200

ORDER: 0164

Dine In

Cashier: Roma
19-Jul-2025 6:14:25P

Transaction 000139

1	Halibut & Fries	\$25.99
1	Caesar Halibut	\$23.00
5	Fish & Chips	\$94.95
1	Fish Sandwich	\$16.99
1	Diet Pepsi	\$3.00
1	Diet Dr Pepper	\$3.00

Subtotal	\$166.93
Whittier City Tax 5%	\$8.35
Total	\$175.28
Tip	\$10.00

CREDIT CARD AUTH
MASTERCARD [REDACTED] \$185.28

Retain this copy for statement validation

19-Jul-2025 6:16:14P
\$185.28 | Method: EMV

Whittier Ice Cream & Pizza

LOT 1 A TRIANGLE LEASE
WHITTIER, AK 99693
9074721003

Whittier Ice Cream and Pizza Welcomes You

Dine In

Cashier: Kaitlyn Macalao
19-Jul-2025 7:22:31P

Transaction 003101

2	Ice Cream by Scoop	\$0.00
	Cup	\$0.00
	Kids Scoop	\$6.60
1	Ice Cream by Scoop	\$0.00
	Cake Cone	\$0.00
	Kids Scoop	\$3.30

Subtotal	\$9.90
Whittier City Sales 5%	\$0.50
Tax	
Total	\$10.40
Tip	\$1.56

CREDIT CARD AUTH
MASTERCARD [REDACTED] \$11.96



Mileage Claims

MILEAGE REIMBURSEMENT CLAIM

I am using my car to travel on District business other than a conference/ seminar. How do I request reimbursement for mileage?

If only mileage and parking will be claimed, the employee should use the Mileage Reimbursement Claim Form. If other travel-related expenses will be incurred, the mileage reimbursement should be included on the CRC.

Where can I get a Mileage Reimbursement Claim Form?

Mileage Reimbursement Claim Form is posted on the Fiscal Services website. Click [Mileage Reimbursement Claim Form](#).

Who approves mileage reimbursement?

The Mileage Reimbursement Claim Form must be approved by the administrator who supervises you. The claimant cannot be the approving person.

The mileage I am claiming is for multiple trips over the course of the month. Do I need to submit a Mileage Reimbursement Request Form for each trip?

No. The Mileage Reimbursement Claim Form is filled out monthly. You can list one month's worth of trips per claim form(s). Do not overlap months.

Is it okay to submit my Mileage Reimbursement Claim form for a 6 or 12 month period?

No. Mileage Reimbursement Claim Forms should be submitted to Accounts Payable within 15 days following the month the mileage was incurred.

How do I fill out a Mileage Reimbursement Claim form?

Please refer to the instructions included with the Mileage Reimbursement Claim Form, which are posted on the Fiscal Services website. Click [Mileage Reimbursement Instructions](#).

What mileage rate do I use?

Reimbursement for business mileage shall be at the prevailing IRS standard rate.

How do I calculate the number of miles to report?

All employees driving on district business must take the most direct route possible. Use Google Maps or other similar online website to calculate actual mileage from the starting point of your trip to the destination. District employees are no longer required to subtract commute miles. You will need to attach the Google Maps or other similar online map printouts to support all mileage claims.

Do I need automobile insurance to claim business mileage?

Employees requesting reimbursement must certify that their vehicle is covered by automobile insurance as required by district rules and regulations for Public Liability and Property damage.

If I am driving my personal vehicle on district business and I am involved in a car accident, am I covered under the District's insurance policy?

The employee's automobile insurance would be primary insurance policy.

What do I do with the completed form?

After obtaining your supervisor's approval on the Mileage Reimbursement Claim Form, submit the form, along with Google Maps or other similar online map printout to support all mileage claims, to Accounts Payable.

RESET

PRINT



RANCHO SANTIAGO
Community College District

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~~\$ 0.725/ 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

RESET

PRINT



RANCHO SANTIAGO
Community College District

MILEAGE REIMBURSEMENT CLAIM FORM

Employee Name: [redacted] Employee ID: [redacted] Phone #: [redacted]
Location: [redacted] Department: [redacted] Position: [redacted]
Claim Month: [redacted] Year: [redacted] Account #: [redacted]

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			
[redacted]	[redacted]	☐	☒	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	☒	☐	[redacted]	[redacted]	[redacted]
		☐	☐			
		☐	☐			
		☐	☐			
		☐	☐			
		☐	☐			

Total Miles: 0.0 X \$ 0.725/ 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.

[redacted]
Claimant Signature

[redacted]
Administrator Signature

Audited by: _____
Accounting Department Signature

Google Maps

2323 N Broadway, Santa Ana, CA 92706 to 2323 N Broadway, Santa Ana, CA 92706

Drive 6.0 miles, 13 min



Map data ©2022 Google

1000 ft





Check Request

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.

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:

Requested By:

Signature

Name and Title

Date

Approved by Authorized Administrator:**

Signature

Name and Title

Date

Fiscal Services Approval:

Signature

Name and Title

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



Year-End Closing - Deadline

06/05/26	Last day to submit travel expense, cash reimbursement claims, mileage reimbursement claims, Purchase Orders, invoices receivers and all required documentation for June payment processing deadline
06/16/26	Last day to return unused travel advance checks and other prepayment checks for cancellation
07/01/26	Last day for departments to submit travel expense, mileage, packing slips and other claims for goods and services received by 6/30 to be accrued