



Log No.: _____
For Fiscal Services Use Only

Return to: _____

Ext: _____ Bldg: _____
Completed Prior to Sending to Fiscal Services

CONFERENCE AND TRAVEL REQUEST/EXPENSE CLAIM FORM

Name:		A#	
Home Address:		Dept. Name	
Conference Name:			
Conference Location: City & State		Dates:	

Classified _____ Full-Time Faculty _____ Will POD funds be used? _____ No cost to the District _____
 Part-Time Faculty _____ Management _____ No _____ Yes _____
 Date received from POD: _____
 (Fiscal Services use only)

CONFERENCE AND TRAVEL REQUEST/BUDGET (Completed Pre-Travel)

Commercial Air	Housing	P-Card to be Used	District Vehicle*
Automobile Rental	Meals	Bus	Van Truck
Private Automobile	Registration	\$ _____	Use of District Credit Card for District Vehicle Fuel Only

***Requires separate request not to be included in estimate.**

Fund	Org	Account	Program	Amount \$	Budget Department/Program	Date
TOTAL						

I recommend approval of the above request. To the best of my knowledge, expenses will not exceed available funds.

Professional & Organizational Development Management (POD) / Date (If Applicable) _____ Immediate Manager's Approval / Date _____
 Date of Board Approval _____
 Attach a copy of the Board Approval for out of country travel

 President or Vice President / Date

CONFERENCE AND TRAVEL EXPENSE CLAIM (Completed Post-Travel)

	Date	Date	Date	Date	Date	Amount of Pre-Payment (P-card or District CC)	Total Expense Amount to be Reimbursed	
TRANSPORTATION	Date (mm/dd/yyyy)							
	Airfare					\$	\$	
	Car Rental					\$	\$	
	Private Automobile: Number of Miles 0.625 per mile						\$	
	Taxi/Shuttle	\$	\$	\$	\$	\$	\$	
	Parking	\$	\$	\$	\$	\$	\$	
HOUSING	Lodging – Room & Tax only broken down by day *List	\$	\$	\$	\$	\$	\$	
MEALS	Breakfast	\$	\$	\$	\$	\$	\$	
	Lunch	\$	\$	\$	\$	\$	\$	
	Dinner	\$	\$	\$	\$	\$	\$	
	Total per day \$55 per diem w/o itemized receipts	\$	\$	\$	\$	\$	\$	
OTHER	Registration	\$				\$	\$	
	Webinar	\$				\$	\$	
	Other _____	\$	\$	\$	\$	\$	\$	
TOTAL & DISBURSEMENT	*Please submit original, itemized receipts					Total Expenses:	\$	\$
	Disbursement by Account:	Fund	Org	Account	Program		Grand Total Expenses:	\$
							Amount:	\$
							Amount:	\$
							Amount:	\$
I hereby certify that the above expenses were incurred while on official business. Claimant's Signature: _____ Date: _____ Immediate Manager's Approval: _____ Date: _____ Professional & Organizational Development Signature: _____ Date: _____								

**IN-STATE TRAVEL/ OUT-OF-STATE TRAVEL
(NON-PROFESSIONAL & ORGANIZATIONAL DEVELOPMENT)**

1. Complete top portion completely including A# number and home address as well as Section A prior to travel. Please include account number(s) and cost estimates. Be as accurate as possible in estimating costs.
2. Any prepayment request must include a fully completed and approved "Payment/Reimbursement Request Form" (found on the web), along with invoice, supporting back up, and any special mailing instructions.
3. Requestor submits travel request to their immediate manager for approval and budget approving manager if needed. If you are using multiple budgets, please indicate the Budget Department and the Program. For example, Counseling/SSSP or Counseling/Student Equity.
4. Immediate managers keeps a copy of the form and forwards the original to Fiscal Services. Further Vice President approval is needed for the following:
 - Conference and travel funded with Management Department Funds
 - Conference and travel is out-of-state (including student travel)
 - Conference and travel funded with Stars of Excellence Funds (student travel)
 - Pre-payment of hotel accommodationsVice President then forwards the form to Fiscal Services. Board approval is needed for the following:
 - Student conference and travel out of the country (approved agenda item must be attached)Non-approved request will be returned to requestor.
5. Once received by Fiscal Services, please allow five (5) business days to process and assign a "T" number and/or any pre-payments. The form is returned to the requestor. Please DO NOT incur any travel expenses prior to receiving this "T" travel number or the requestor will be personally responsible and will not be reimbursed. Please indicate where you would like the original conference and travel form returned to by completing the "Return to" portion of the conference and travel form.
6. After completion of travel, requestor/claimant completes Section B, signs and forwards claim form to immediate manager for approval with original itemized receipts secured to an 8 ½ x 11 paper to ensure they do not become detached or lost.
7. If an original receipt has been lost, please refer to AP7400 and complete the "Missing Itemized Receipt Affidavit".
8. Immediate manager then forwards approved claim form along with original itemized receipts to Fiscal Services for auditing and reimbursement processing within 30 days of the travel date (exception is year-end close, see schedule). Please indicate the disbursement amount(s) by account number in the Total & Disbursement portion of Section B.

**PROFESSIONAL & ORGANIZATIONAL DEVELOPMENT
FUNDS USE**

1. Complete the "Professional & Organizational Development Conference Funding Application and Guidelines Form" and the top portion of the "Conference and Travel Request/Expense Claim Form", including Section A (see Step 1 above).
2. Requestor submits both forms, along with POD required descriptive material, to immediate manager and Vice President for approval. Vice President then forwards forms to POD office at least four (4) weeks before the date of the conference to allow for reviewing and processing.
3. Professional Development Council (PDC) reviews all documents and makes a decision on the application. Non-approved request will be returned to the requestor.
4. Professional Development Council (PDC) then forwards original "Conference and Travel Request/Expense Claim Form" to Fiscal Services.
5. Once received by Fiscal Services, a "T" number is assigned within five (5) business days and the original form is returned to the requestor. Please DO NOT incur any travel expenses prior to receiving this "T" number or the requestor will be personally responsible and will not be reimbursed. Please indicate where you would like the original conference and travel form returned to by completing the "Return to" portion of the conference and travel form.
6. After completion of travel, requestor/claimant completes the "Professional & Organizational Development Evaluation Form" and Section B of the "Conference and Travel Request/Expense Claim Form" and forwards both forms to Immediate Manager for approval, along with original itemized receipts attached secured to an 8 ½ x 11 paper to ensure they do not become detached or lost.
7. If an original receipt has been lost, please refer to AP7400 and complete the "Missing Itemized Receipt Affidavit".
8. Immediate Manager forwards approved forms and original itemized receipts to POD office.
9. POD office forwards "Conference and Travel Request/Expense Claim Form" and original itemized receipts to Fiscal Services for auditing and reimbursement processing within 30 days of the travel date (exception is year-end close, see schedule). Please indicate the proper disbursement amount(s) by account number in the Total & Disbursement portion of Section B.