

**COAST COMMUNITY COLLEGE DISTRICT
CONFERENCE / MEETING / WORKSHOP
REIMBURSEMENT CLAIM FORM**

(must be completed for ALL travel)

CAR#: _____

Name _____
First Name Middle Initial Last Name

CCC District GWC OCC

Name of Conference _____ Employee ID: _____

Attendance Date(s) & Time(s) _____

Travel Date(s) & Time(s) _____

ALLOWABLE EXPENSES

(Complete Upon Return Even if No Additional Expenses are Claimed; Attach receipts/documentation in the order listed below)

Airfare	Departure Date & Time:	Return Date & Time:	
Auto Rental/Auto Rental Insurance			
Mileage			
Lodging			
Registration			
Meals	<small>Meal expenses incurred during authorized travel will be paid in accordance with the prevailing per diem rates established by the U.S. General Services Administration (GSA) for Orange County, CA ; Not to exceed \$81/day</small>		
DATE:			
Breakfast \$22/day			
Lunch \$23/day			
Dinner \$36/day			
Other Misc. Expenses			
Parking			
Shuttle/Taxi/Rideshare:			
Other:			

TOTAL ACTUAL EXPENSES CLAIMED: _____

LESS ADVANCE AND/OR AMOUNTS CHARGED TO DISTRICT P-CARDS _____

P-Card Holder / Check Number _____

BALANCE TO EMPLOYEE/(NET AMOUNT OF THIS CLAIM) _____

Additional Comments:

I certify the above were all actual and necessary expenses incidental to this conference/meeting/workshop.

Budget Number(s)

Budget Amount(s)

Claimant _____ Date _____

Supervisor _____ Date _____

Business Office _____

Manager _____ Date _____

This claim meets the provisions of E.C. § 87032 and is for actual and necessary expenses approved beforehand and in accordance with BP/AP 7400 and the Travel Guidelines.

District Accounting