

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

(must be completed for ALL travel)

CAR#: \_\_\_\_\_

Name \_\_\_\_\_ CCC \_\_\_\_\_ District \_\_\_\_\_ GWC \_\_\_\_\_ OCC \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

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  |                        |                     |  |
| 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 |                        |                     |  |
| 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