



Cerritos Community College District Conference and Travel Expense Claim

Attach an approved Conference and Travel Request Form when submitting a claim to Fiscal Services.

PART I: EMPLOYEE/CONFERENCE INFORMATION

Employee Name: _____ Job Title: _____
 Department: _____ Extension: _____
 Name of Conference: _____
 Location (City and State): _____ Dates: _____

PART II: CONFERENCE AND TRAVEL EXPENSE CLAIM

Forms must be filed within thirty (30) calendar days after return from travel. Forms submitted to Fiscal Services after 30 calendar days, or forms that are incomplete and do not include the necessary itemized original receipts, may be denied for reimbursement.

Enter Dates Attended

| MEALS | | | | | | | | | Subtotal |
|-------------------------|--|--|--|--|--|--|--|--|----------|
| Breakfast | | | | | | | | | |
| Lunch | | | | | | | | | |
| Dinner | | | | | | | | | |
| Subtotal - Meals | | | | | | | | | |

| OTHER EXPENSES | | | | | | | | | Subtotal |
|-----------------------------|--|--|--|--|--|--|--|--|----------------------------------|
| Registration | | | | | | | | | |
| Lodging | | | | | | | | | |
| Parking | | | | | | | | | |
| Taxi/Shuttle | | | | | | | | | |
| Airfare | | | | | | | | | |
| Other (Refer to BP/AP 6900) | | | | | | | | | |
| Describe other: _____ | | | | | | | | | Subtotal - Other Expenses |

| MILEAGE | | | | | | | | | # Miles |
|---|--|--|--|--|--|--|--|--|---------|
| Total miles per day | | | | | | | | | |
| Subtotal - Mileage (55.5 cents per mile) | | | | | | | | | |
| Total Personal Reimbursement Request | | | | | | | | | |

ACCOUNTS TO BE CHARGED (REQUIRED)

| Account Number | Percentage | Not to Exceed \$ |
|--|------------|------------------|
| Example: 01.0-00000.0-00000-00000-5210-0000000 | | |
| | | |

PART III: APPROVAL AND AUTHORIZATION – I certify that all amounts claimed were actual and necessary, that the expenses were incurred by the employee only, and only allowable expenses are included.

Attendee: _____ Signature: _____ Date: _____
 Immediate Manager: _____ Signature: _____ Date: _____
 Vice President Signature: _____ Date: _____
 Special Approval - President/Superintendent Signature: _____ Date: _____