

Travel or Conference Request Forms

Online Version

The online version of the District’s Travel or Conference Request form has been separated into two forms.

- 1) Travel or Conference Authorization Request
- 2) Travel or Conference Reimbursement Form

Instructions:

Prior to completing this form, employees should receive verbal travel approval from their supervisor. The best rates are received when early reservations are made.

State Center Community College District
TRAVEL OR CONFERENCE AUTHORIZATION REQUEST
(Attached completed approved form to all prepaid items request and final reimbursement request)

NAME	ID#	PHONE OR EXT.	MAXIMUM AMT.
TITLE OF ACTIVITY		ACTIVITY DATE(S)	
DATES AWAY FROM SITE	LOCATION	If travel is out-of-state, I have confirmed the State is not on the travel banned list. Refer to AB1887 list on the California Attorney General Website <input type="checkbox"/> Yes <input type="checkbox"/> Except.	
PURPOSE OF TRAVEL			

TRAVEL DETAILS*

TRANSPORTATION NEEDED	NAME OF LODGING/CONFIRMATION #	# OF DAYS AWAY FROM SITE	OTHER EXPS NEEDED
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ESTIMATE COSTS

BUDGET NUMBER	OTHER FUNDING SOURCE	OTHER FUNDING AMT. (Negative) \$
TRANSPORTATION \$	LODGING \$	CONFERENCE \$
MEALS \$	OTHER \$	
TOTAL ESTIMATE COSTS \$ 0.00	EMPLOYEE'S SIGNATURE	
DATE		
SCIP Transaction/PO # for Pre-paid Items		

PRE-TRAVEL APPROVAL I find that the proposed travel meets the requirements of District policy (AR 7400/Accounting Guidelines 7.0 Travel & Conference)

DEAN/SUPERVISOR	DATE	VP ADMIN. SERVICES	DATE
PRESIDENT/VICE CHANCELLOR	DATE	CHANCELLOR	DATE

(Required approvals: • out-of-state – President/Chancellor | • out-of-country – Board of Trustees)

***TRAVEL DETAILS:** Prior to completing this authorization form, the employee should receive verbal travel approval from their supervisor. The best rates are received when early reservations are made.

Transportation Needed- List type, i.e. airfare, rental car, personal car. Airfare estimates should include a screen shot of travel as of the date the employee has signed this form.

Lodging - Employees are encouraged reserve lodging in advance, when cancellation without penalty can be arranged.

Meals- Estimate purposes use the full day meal allowance of \$55.00 multiply by the number of days away from site. Actual reimbursement will be based on actual travel times.

Other Expenses- List other expenses needed, i.e. check bag, parking, fuel for rental car, etc.

Section 1 – Complete the top section, similar to the paper form with one exception. If traveling out-of-state, confirm on the California Attorney General’s website, the state you are traveling to is not on the California’s banned list of travel states. If the state is on the list, you will need to

ask for an exception. Mark the box “ Except.” Attach a justification. Note: If traveling with a State funded budget, you will need to receive the CCCC’s approval.

Section 2 – Travel Details. List the type of travel accommodations you will require.

1. Transportation needed, i.e. personal car, rental car, airfare, none (carpool)
2. Name of lodging/confirmation number: name of hotel and confirmation or reservation number.
3. Number of days away from site: list the number of working days away from the site.
4. Other Exps Needed, i.e. parking, shuttle/taxi, etc.

Section 3 - Estimate Costs.

1. Budget Number: list the budget number(s) that the trip will be expensed to.
2. Other Funding Source: if applicable, list other funding sources that will be paying for portion of this trip, i.e. Foundation, Conference, Vendor, Self (additional personal days).
3. Other Funding Amount (Negative): if applicable, enter as a negative number, the estimate amount the other source will be contributing towards this travel expense.
4. List the cost of your trip. Include district payments and personal out-of-pocket.
 - If one category has two or more expenses, add them together, i.e. airfare and rental car would be combined in the estimate transportation costs.
 - The form will total your estimate costs.
5. SCIP Transaction/PO # for Pre-paid Items: This field is not required for pre-approval. Before submitting with the Travel or Conference Reimbursement Form if you had district paid items list the SCIP transaction number(s) or PO number(s) here.

Section 4 – Pre-Travel Approval. Route for approval per your location’s guidelines.

1. Out-of-State travel requires President/Vice-Chancellor and Chancellor approval.
2. Out-of-Country travel requires the Board of Trustee’s approval.

2) Travel or Conference Reimbursement Form

State Center Community College District
TRAVEL OR CONFERENCE REIMBURSEMENT FORM
 (Attach T&C Authorization request and receipts; failure to attach these items may delay payment)

1

NAME	ID#	TITLE OF ACTIVITY	TC #
REIMBURSEMENT CHECK ADDRESS		DEPARTED DATE	DEPARTED TIME <input type="checkbox"/> am <input type="checkbox"/> pm
		RETURNED DATE	RETURNED TIME <input type="checkbox"/> am <input type="checkbox"/> pm

ACTUAL COSTS
 District Paid Items (By check or district issued credit card.)

2

TRANSPORTATION	LODGING	CONFERENCE	OTHER	TOTAL DISTRICT PAID EXPENSES
\$	\$	\$	\$	\$ 0.00

Employee Paid Items (Attach receipts)

DATE	DESCRIPTION	TRANSPORTATION	LODGING	CONF/MEETING	MEALS	OTHER	TOTAL
		\$	\$	\$	\$	\$	\$ 0.00
		\$	\$	\$	\$	\$	\$ 0.00
		\$	\$	\$	\$	\$	\$ 0.00
		\$	\$	\$	\$	\$	\$ 0.00
		\$	\$	\$	\$	\$	\$ 0.00
		\$	\$	\$	\$	\$	\$ 0.00
EE PAID TOTALS (Additional expenses, attach an addition form)		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

3

CERTIFICATION I hereby certify under penalty of perjury that:

- The above is an accurate accounting of my travel dates/time and incurred expenses while in travel status.
- The expenses claimed are not reimbursable to me or the District from any other source.
- My personal vehicle used for district business has the minimum insurance requirement required by law under the State of California, I carry a valid driver's license, and I am registered under the district's Pull Notice program.

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Signature of Employee	Date	Signature of Supervisor	Date
Signature of Finance/Administrative Services	Date		

Section 1 – Personal and actual travel information.

1. Name: Full name
2. ID: Employee ID
3. Title of Activity: Same title used on the authorization form.
4. TC#: DO NOT COMPLETE (DO – Office use only) Note: the district will use the return date of travel as the TC number.
5. Reimbursement Check Address: Physical address where you want your check mailed to.
6. Departed Date/Time and Returned Date/Time: Record the actual date and time you left for travel and returned.

Section 2 – District Paid Items. List all district paid expenses, either by check or district issued credit card.

- If one category has two or more expenses, add them together, i.e. airfare and rental car would be combined in transportation.
- The form will total all district paid items.

Section 3 – Employee Paid (Out-of-Pocket) Items.

1. List expenses by the date of the expense and the total for that item. DO NOT list the daily charge on multiple lines. For example;
 - On the last day of a conference – Employee drove home using personal car, paid the hotel for lodging and parking, the conference provided breakfast and lunch, on the way home the employee stopped for dinner. Arrived home after 7p.m.

ACTUAL COSTS

District Paid Items (By check or district issued credit card.)

TRANSPORTATION \$	LODGING \$	CONFERENCE \$ 85.00	OTHER \$	TOTAL DISTRICT PAID EXPENSES \$ 85.00
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Employee Paid Items (Attach receipts)

DATE	DESCRIPTION	TRANSPORTATION	LODGING	CONF/MEETING	MEALS	OTHER	TOTAL
10/15/2021	Exps for CCIA Conference	\$112.58	\$250.56	\$	\$30.00	\$10.00	\$403.14

- The example above shows:
 - The district pre-paid for the conference
 - The employee has personal mileage reimbursement
 - The employee split the hotel bill between the Lodging and Other (parking).
 - The employee listed the per diem for dinner only
- Attach all receipts, maps for personal mileage, AND the **Travel or Conference Authorization Form** for this travel. If these items are not included it will delay your reimbursement.

Section 4 – Certification and Approval

1. Sign the form.
2. Route for approval per your location’s guidelines.