

TRAVEL EXPENSE CLAIM (MUST BE SUBMITTED UPON COMPLETION OF TRAVEL)

Person/Employee/Student ID No: _____



SAN DIEGO COMMUNITY COLLEGE DISTRICT

TR _____

Last Name, First Name, Middle Initial		District Employee? <input type="radio"/> Yes <input type="radio"/> No		If Non-Employee Enter Social Security #	
Site & Department			Position/Title		Work Phone
Home Address (Include Zip code)					Home Phone
Email Address:					
Name of Organization (if any)					Member of Organization? <input type="radio"/> Yes <input type="radio"/> No
City		State or Foreign Country		Date(s) of Travel	
					Substitute Needed? <input type="radio"/> Yes <input type="radio"/> No
Purpose of Travel & Potential Benefit to the District: (Must be consistent with Education Code 87032 and District Policy 8960 as revised) :					

DEPARTURE DATE/TIME:		DATE==>		ACTUAL EXPENSES							
RETURN ARRIVAL DATE/TIME:		DIR. PAY/ CASH ADV.	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	
RECEIPTS	REQUIRED	BREAKFAST (Per Diem Max \$10)									
	LUNCH (Per Diem Max \$15)										
	DINNER (Per Diem Max \$21)										
	INCIDENTALS (include necessary but not required expenses)										
	TOTAL ACTUAL MEALS & INCIDENTALS										
	PER DIEM LIMITATION										
	Add Difference Between Actual and Per Diem Expenses? <input type="radio"/> Yes <input type="radio"/> No										
As of 7/1/08 mileage rate is 58.5¢ per mile Maximum Allowed Expense For Meals and Incidentals											
RECEIPTS	REQUIRED	TRANSPORTATION BY PERSONAL CAR (_____ miles @ \$_____/mile = _____)									
	REQUIRED	LODGING - HOTEL, MOTEL, ETC.									
	REGISTRATION FEES										
	AIR TRANSPORTATION										
	<input type="radio"/> Purchased & paid by Self										
	<input type="radio"/> Purchased by District Travel Agency										
	(Travel Agency: _____)										
TAXI/CAB, CITY BUS, PARKING											
TELEPHONE											
OTHERS (ITEMIZE)											
TOTAL DAILY EXPENSES											

TOTAL DIRECT PAYS AND DAILY TRAVEL EXPENSES		
ADD CASH ADVANCES, IF ANY	A. TOTAL ACTUAL TRAVEL EXPENSES*	\$
TOTAL DIRECT PAYS AND ADVANCES*	B. TOTAL BUDGET EXPENSE LIMITATION*	\$
* BALANCE DUE IS COMPUTED AS FOLLOWS: If A is equal to or less than B, deduct C and D from B. If A is more than B, deduct C and D from B. If Balance Due is a negative amount, enclose your check payable to SDCCD.	C. LESS DIRECT PAYS & CASH ADVANCES*	\$
	D. LESS AMOUNT REIMBURSED OR BILLED TO ANOTHER AGENCY*	\$
	E. BALANCE DUE*	\$

I hereby certify that the travel was accomplished in the performance of my official duties with SDCCD and that the information given is true and correct.

EMPLOYEE (Signature)	DATE	ADMINISTRATIVE APPROVAL	DATE
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REFERENCES	ACCOUNT NUMBER					AMOUNT	DESCRIPTIONS/COMMENTS
	FUND	DET. FUND	C.C.	TOPS	OBJ		
TOTAL AMOUNT ==>							