

**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==>									
RETURN ARRIVAL DATE/TIME:		DIR. PAY/ CASH ADV.		ACTUAL EXPENSES							
EXPENSE ITEM		SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL		
RECEIPTS	REQUIRE	BREAKFAST (Per Diem Max \$10)									
		LUNCH (Per Diem Max \$15)									
		DINNER (Per Diem Max \$21)									
		INCIDENTALS (include necessary but receipted expenses)									
		TOTAL ACTUAL MEALS & INCIDENTALS									
		PER DIEM LIMITATION									
		As of 01/01/11 mileage rate is 51 cents per mile. Add Difference Between Actual and Per Diem Expenses? <input type="radio"/> Yes <input type="radio"/> No									
	From 07/01/10 - 12/31/10 mileage rate was 50.5 cents per mile. Maximum Allowed Expense For Meals and Incidentals										
RECEIPTS	REQUIRE	TRANSPORTATION BY PERSONAL CAR (_____ miles @ \$_____ /mile = _____)									
		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: _____)									
		TAXICAB, 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 ==>							