

# SECTION A: STEPS TO COMPLETE WHEN REQUESTING TO TRAVEL

(2) Top Portion must include dates & estimated departure times, descriptive event purpose & destination.

(1) Must Select Type & Method of Travel

**Claim for Absence Travel Reimbursement**

**Type of Travel Requested:**  
 Employee Travel  
 Field Trip\* (Initial Below)  
 Student Travel  
 Other: \_\_\_\_\_

**Method of Transportation:**  
 Personal Vehicle  
 Commercial Transportation  
 District Vehicle  
 (Please Select Vehicle Preference)

#25 Athletic Bus  
 #26 Athletic Bus  
 #62 15 Passenger Van  
 #65 15 Passenger Van  
 #71 Malibu  
 #68 Minivan/SUV  
 #72 Impala  
 Charter

\*By Initialing, I acknowledge each participating student sign and return a Student or Participant waiver prior to trip.

Date of Request: \_\_\_\_\_ Employee Name / Department: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_  
 Event/Purpose: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_  
 Destination: \_\_\_\_\_ Institutional Value: \_\_\_\_\_  
 Date and Time of Departure: \_\_\_\_\_ Date and Time of Return: \_\_\_\_\_  
 Classes/Hours to Be Missed: \_\_\_\_\_ Substitute Needed  Yes  No

(3) Budget Code where expense will be paid from & estimated cost calculated from section below.

(4) Signature of Budget Manager where expenses are being charged.

Budget Number	Est. Amount	Actual Amount	Budget Supervisor	Signature/Approval
FOAP				

(5) Breakdown all estimated costs associated with the requested travel.

(6) Purchase Order must be submitted in Banner to cover the estimated costs.

Estimated Costs		Actual Expenses Claimed	
Estimated Costs	PO #	Actual Cost	Audit (Office Use Only)
Commercial Transportation*		Commercial Transportation	
Lodging - Tax* #nights		Lodging plus tax	
Registration*		Registration	
Mileage Miles		Mileage Miles	
Meals		Meals Total (Itemize Below):	
Other Expenses (Itemized):		Other Expenses Total (Itemize Below):	
<b>Total Estimated Expenses:</b>		<b>Total Expenses</b>	
		Less Prepayment/Credit Card Charges	
		<b>Balance Due:</b>	

(7) If you are requesting to be reimbursed or for the college to pay for expenses before the trip, the Prepay section must be checked. Receipts must be included in your packet.

**Pre-Approval Signatures**

Initiator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Vice President: \_\_\_\_\_ Date: \_\_\_\_\_  
 Superintendent/President: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Trustees' Approval Needed  Yes  No

**Actual Expenses Claimed**

Initiator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Vice President: \_\_\_\_\_ Date: \_\_\_\_\_  
 Superintendent/President: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Certifying Signature confirms the Initiator is entitled to the expenses claimed based on WKCCD Policy/Procedure. Superintendent/President does not need to certify final expenses unless an exception to policy is being made.

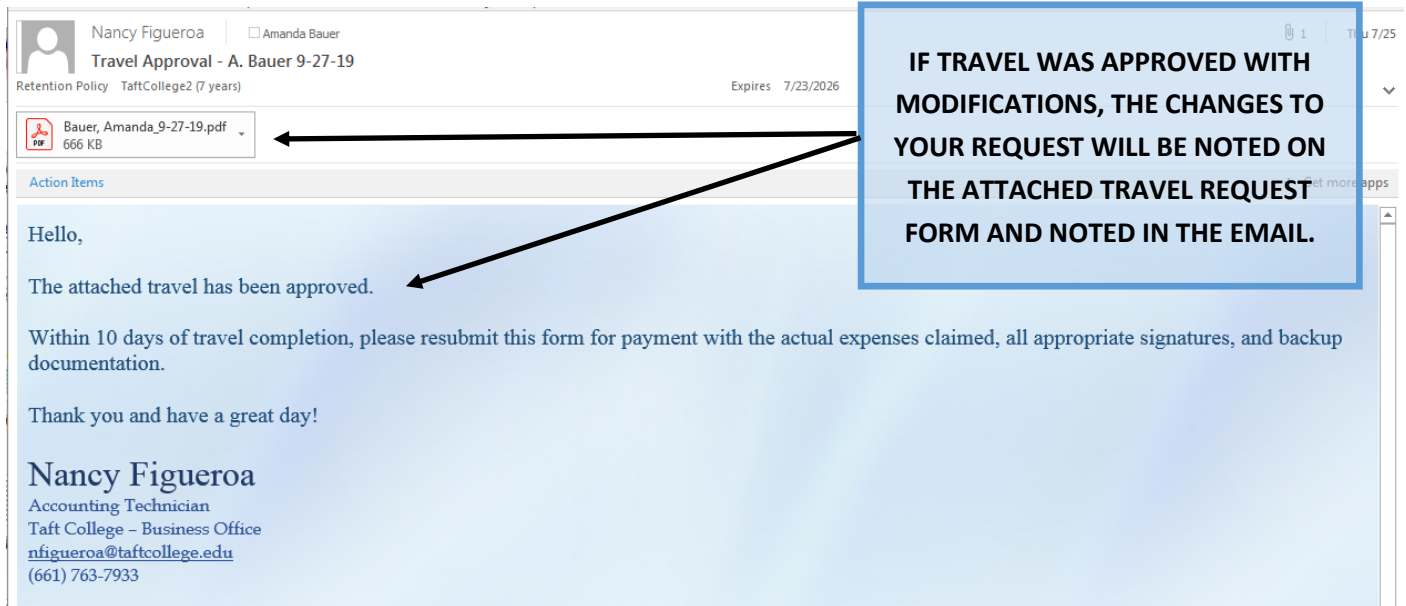
**ITEMIZED ACTUAL EXPENSES**

Per Diem Meal Data				Itemized Other Expenses	
Date	Breakfast \$13.00	Lunch \$15.00	Dinner \$20.00		

(8) All appropriate signatures must be submitted on the form & routed to the Business Office.

- TRAVEL REQUEST PACKET INCLUDES:**
- Completed Travel Request Form
  - Conference/Event Flyer
  - If applicable:
    - Mileage Print Out Showing Route
    - Lodging Cost Print Outs
    - Itemized Receipts and/or invoices for prepayments
    - Other Expense Documentation Claimed

**APPROVED TRAVEL FORM WILL BE EMAILED BACK TO THE EMPLOYEE  
FROM THE BUSINESS OFFICE**



**IF YOU DID NOT RECEIVE AN EMAIL APPROVING YOUR TRAVEL REQUEST, PLEASE CONTACT THE BUSINESS OFFICE PRIOR TO LEAVING FOR YOUR PLANNED TRAVEL TO VERIFY APPROVAL.  
ANY EXPENSES INCURRED FOR AN UNAUTHORIZED TRAVEL TRIP WILL BE INELIGIBLE FOR REIMBURSEMENT.**

**UPON RETURN OF COMPLETED TRAVEL, EMPLOYEE WILL PRINT ATTACHED TRAVEL REQUEST AND COMPLETE SECTION B.**

