

## Claim for Absence Travel Reimbursement

 <b>TAFTCOLLEGE</b> <small>WEST KERN COMMUNITY COLLEGE DISTRICT</small>  29 Cougar Court Taft, CA 93268	<b>Type of Travel Requested:</b> <input type="checkbox"/> Employee Travel <input type="checkbox"/> Virtual Conference <input type="checkbox"/> Field Trip* (Initial Below) <input type="checkbox"/> Student Travel <input type="checkbox"/> Other: _____ <small>*By initialing, I acknowledge each participating student sign and return a Student or Participant waiver prior to trip.</small>	<b>Method of Transportation:</b> <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Commercial Transportation <input type="checkbox"/> District Vehicle <small>(Please Select Vehicle Preference)</small>	<input type="checkbox"/> #25 Athletic Bus <input type="checkbox"/> #26 Athletic Bus <input type="checkbox"/> #62 15 Passenger Van <input type="checkbox"/> #65 15 Passenger Van <input type="checkbox"/> #71 Malibu <input type="checkbox"/> #68 Minivan/SUV <input type="checkbox"/> #72 Impala <input type="checkbox"/> Charter <input type="checkbox"/> Other: _____	
	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 <input type="checkbox"/> Yes <input type="checkbox"/> No		

### FUNDING SOURCE (FOAPAL)

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

#### Estimated Costs

#### Actual Expenses Claimed

		Separate PO # Required per Vendor		NOTE: Completed forms need to be submitted to the Business Office within <b>ten (10) days</b> of the completion of the travel even if there were no reimbursable expenses incurred.	Actual Cost	Audit (Office Use Only)
		Estimated Costs	PO #			
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 Expenses</b>	
					<i>Less Prepayment/Credit Card Charges</i>	
<b>Total Estimated Expenses:</b>					<b>Balance Due:</b>	

#### Pre-Approval Signatures

#### Actual Expenses Claimed

Initiator:	Date:	Initiator:	Date:
Immediate Supervisor:	Date:	Immediate Supervisor:	Date:
Vice President:	Date:	Vice President:	Date:
Superintendent/President:	Date:	Superintendent/President:	Date:
Board of Trustees' Approval Needed <input type="checkbox"/> Yes <input type="checkbox"/> No		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	Audit (Office Use Only)	Description	Actual Cost	Audit (Office Use Only)