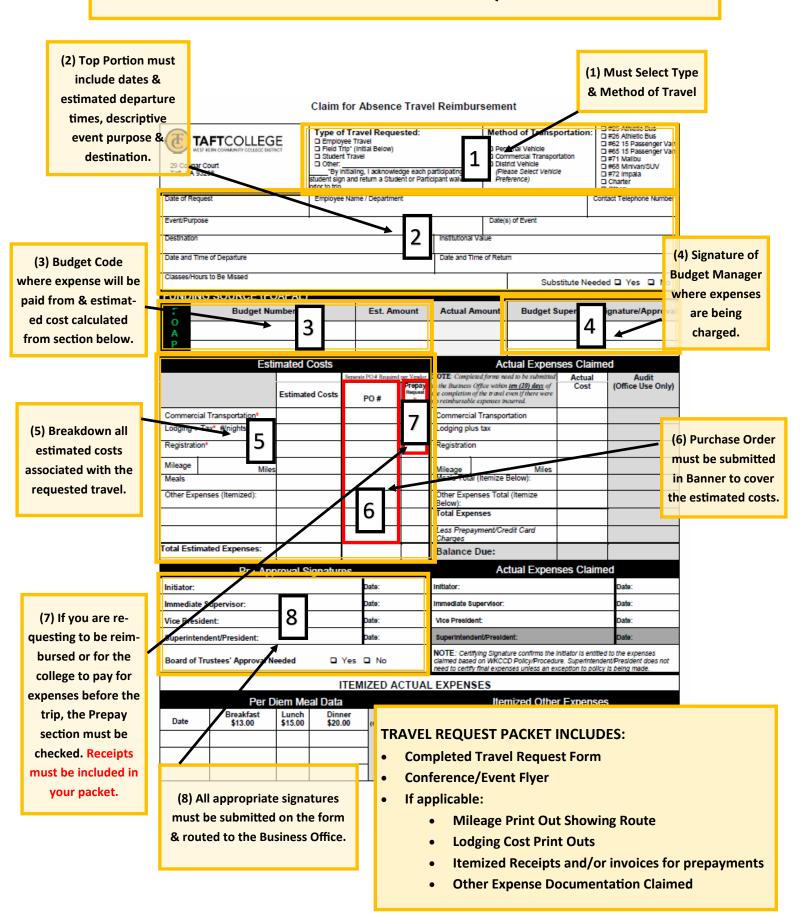
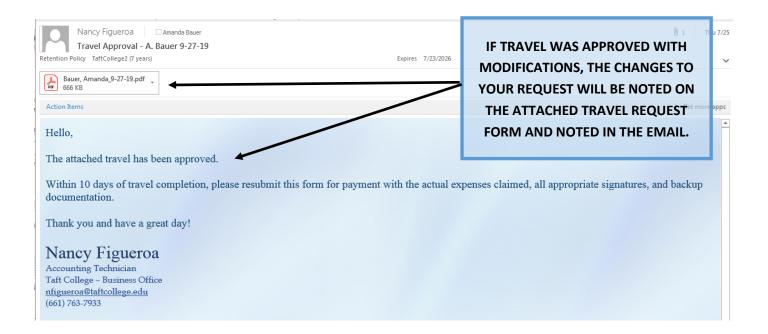
Claim for Absence Travel Reimbursement

			Type of Travel Requested: Employee Travel Fleid Trip" (Initial Below) Student Travel Other: "By Initialing, I acknowledge each postudent sign and return a Student or Participrior to trip. Employee Name / Department					Date(s) of Event			D 形 日報 日報 日報 日報 日報 日日 日日 日日 日日	25 Athletic Bus 26 Athletic Bus 26 Athletic Bus 26 15 Passenger Van 35 15 Passenger Van 71 Mallbu 38 Minivan/SUV 72 Impala harter ther:	
Date and Time of Departure					Date and Time of Return								
Classes/Hours to Be Missed							Substitute Needed ☐ Yes ☐ No						
FUNDING SOURCE (FOAPAL)													
Budget Number				Est. Amount		ount	Actual Amount		Budget Supervisor Sig			nature/Approval	
O A				\top									
P				+									
				Ac	tual Expens	es Cla	imed						
Estimated Costs				Separate PO# Required per Vendor						Actua	Actual Audit		
Estimated		d Costs		PO#	Prepay Request	to the Business Office within ten (10) days the completion of the travel even if there v no reimbursable expenses incurred.		even if there were	Cost	t	(Office Use Only)		
Commercial Transportation*							Commercial Transportation						
Lodging + Tax*, #/nights:							Lodging plus	ax					
Registration*							Registration	Registration					
Mileage	Miles						Mileage		Miles				
Meals							Meals Total (I	Meals Total (Itemize Below):					
Other Expenses (Itemized):							Other Expenses Total (Itemize Below):						
							Total Expens	es					
							Less Prepayn Charges	nent/Cre	edit Card				
Total Estimat	ed Expenses:						Balance D	ue:					
	Pre-Ann	roval S	ionatur	95				Ac	tual Expens	es Cla	imed		
Pre-Approval Signatures Initiator:				\neg	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							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 D	iem Me							nized Other	Exper	nses		
Date	Breakfast	Lunch	Dinner		Audit		Description		Actu	ıal	Audit		
Date	\$13.00	\$15.00	\$20.0	00	(Office Use Only)		De	Description			st	(Office Use Only)	
					-					-			
					-					-			
		ıl								1			

SECTION A: STEPS TO COMPLETE WHEN REQUESTING TO TRAVEL



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.

SECTION B: STEPS TO COMPLETE WHEN RETURNING FROM TRAVEL

OF COMPLETION OF TRAVEL EVENT

