## **Claim for Absence Travel Reimbursement**

Caracter (Lengender)         Complete Haller Segmentation         Data (Lengender)         Data (Lengender)           EventePurpose         Data (Lengender)         Data (Lengender)         Data (Lengender)         Data (Lengender)           Destanation         Data and Time of Departure         Data and Time of Return         Substitute Needed (Lengender)         Yes         No           FUNDING SOURCE (FOAPAL)         Est Amount         Actual Amount         Budget Supervisor Signature/Approval           F         Budget Number         Est Amount         Actual Construction (Lengender)         Actual Construction (Lengender)         Construction (Lengender)           Commercial Transportation*         Commercial Transportation         Actual Construction (Lengender)         Construction (Len	29 Cougar Court Taft, CA 93268			Type of Travel Requested: Employee Travel Field Trip* (Initial Below) Student Travel Other: *By initialing, I acknowledge each participating tudent sign and return a Student or Participant waiver rior to trip. Employee Name / Department				Method of Transportation: #2 #6 Commercial Transportation #7 District Vehicle #6 (Please Select Vehicle #7 Preference) Cr			<ul> <li>#25 Athletic Bus</li> <li>#26 Athletic Bus</li> <li>#62 15 Passenger Van</li> <li>#65 15 Passenger Van</li> <li>#71 Malibu</li> <li>#68 Minivan/SUV</li> <li>#72 Impala</li> <li>Charter</li> <li>Other:</li> </ul>
Destination         Institutional Value           Date and Time of Departure         Date and Time of Return           Classes/Hours to Be Missied         Substitute Needed □ Yes □ No           FUNDING SOURCE (FOAPAL)         Substitute Needed □ Yes □ No           FUNDING SOURCE (FOAPAL)         Actual Amount         Budget Supervisor Signature/Approval           P         Budget Number         Est: Amount         Actual Amount         Budget Supervisor Signature/Approval           Commercial Transportation         Separat PO * Repearations Veter         NTE: Complete form whet attBL/Bars of Cost         (Office Use Only)           Commercial Transportation*         Commercial Transportation         Cost         (Office Use Only)           Commercial Transportation*         Coding plus tax         Cost         (Office Use Only)           Confige Transportation*         Coding plus tax         Cost         (Office Use Only)           Mileage         Miles         Mileage         Date         <	Date of Reques	Department Contact relephone Numb									
Date and Time of Departure       Date and Time of Return         Classes/Hours to Be Minsed       Substitute Needed   Yes   No         FUNDING SOURCE (FOAPAL)       Budget Number       Est. Amount       Actual Amount       Budget Supervisor Signature/Approval         PO       Image: Supervisor Signature/Approval       Supervisor Signature/Approval       Actual Amount       Budget Supervisor Signature/Approval         Estimated Costs       Actual Amount       Budget Supervisor Signature/Approval       Actual Amount       Actual Costs         Commercial Transportation*       Separate PO # Registration       Cost       Office Use Only         Coding + Tax*, #/inghts:       Commercial Transportation       Cost       Office Use Only         Mileage       Miles       Mileage       Mileage       Mileage       Mileage       Mileage       Mileage       Cost       Office Use Only         Other Expenses (Itemized):       Cost       Other Expenses Total (Itemize Below):       Cost	Event/Purpose				Date(s	Date(s) of Event					
Classes/Hours to Br Missed       Substitute Needed    Yes    No         FUNDING SOURCE (FOAPAL)       Substitute Needed    Yes    No         Formation in the intermediation intermediate intermediation intermediation intermediate intermediation intermediation intermediate inter	Destination	Institutional Va			lue						
Substitute Needed Ves No         Substitute Needed Ves No         Formulation       Budget Number       Est. Amount       Actual Amount       Budget Supervisor Signature/Approval         Formulation       Commercial Transportation*       Actual Expenses Claimed       Actual Cost       Cost       Contact         Commercial Transportation*       Commercial Transportation       Cost       Contact       Cost       Office Use Only         Registration*       Commercial Transportation       Cost       Contact       Office Use Only         Mileage       Miles       Mileage       Miles	Date and Time of Departure						Date and Time of Return				
FUNDING SOURCE (FOAPAL)         Budget Number       Est. Amount       Actual Amount       Budget Supervisor Signature/Approval         Commercial Transportation*       Capaze PO # Registration*       Commercial Transportation       Actual Costs       Audit         Commercial Transportation*       Commercial Transportation       Control (Office Use Only)         Lodging + Tax*, #/nights:       Commercial Transportation       Control (Office Use Only)         Registration*       Commercial Transportation       Control (Office Use Only)         Mileage       Miles       Commercial Transportation       Control (Office Use Only)         Other Expenses (itemized):       Image Intervention       Image Intervention       Image Intervention         Other Expenses (itemized):       Image Intervention       Image Intervention       Image Intervention       Image Intervention         Initiator:       Date:       Initiator:       Date:       Initiator:       Date:       Date:         Initiator:       Date:       Initiator:       Date:       Initiator:       Date:       Date:       Date:         Initiator:       Date:       Initiator:       Date:       Initiator:       Date:       Date:         Initiator:       Date:       Initiator:       Date:       Date: <t< td=""><td>Classes/Hours</td><td></td><td></td><td colspan="5"></td></t<>	Classes/Hours										
Budget Number     Est. Amount     Actual Amount     Budget Supervisor Signature/Approval       Po     Image: Supervisor Signature/Approval     Image: Supervisor Signature/Approval       Estimated Costs     Supervisor Signature/Approval     Note: Completed from seed to submitted to complete on the submitted to complete on the submitted for supervisor Signature/Approval     Actual     Actual     Actual     Actual     Actual     Cost     Office Use Only       Commercial Transportation*     Image: Supervisor Signature/Approval     Note: Completed forms seed to submitted to complete on the supervisor Signature/Approval     Actual     Cost     Office Use Only       Commercial Transportation*     Image: Supervisor Signature/Approval     Note: Supervisor Signature/Approval     Actual     Cost     Office Use Only       Registration*     Image: Supervisor Signature/Approval     Supervisor Signature/Approval     Note: Supervisor Signature/Approval     Image: Supervisor Signature/Approval     Image: Supervisor Signature/Approval       Initiator:     Image: Supervisor:     Image: Supervisor: Superv											
App         Instrume         Appendix					Est. Amount		Actual Amount		Budget Supervisor Sig		Signature/Approval
Actual Expenses Claimed         Actual Expenses Claimed         Commercial Transportation*         Commercial Transportation*       Commercial Transportation       Cost       Actual Costs         Mileage       Miles       Commercial Transportation       Cost       Actual Costs       Actual Costs         Mileage       Miles       Mileage       Miles       Miles       Miles       Miles         Other Expenses (Itemized):       Mileage       Miles       Miles       Miles       Miles         Other Expenses (Itemized):       Mileage       Miles       Miles       Miles       Miles       Miles         Total Expenses (Itemized):       Miles       Miles       Miles       Miles       Miles       Miles         Total Expenses:       Date:       Initiator:       Date:       Date:       Miles       Miles         Initiator:       Date:       Initiator:       Date:       Miles       Mate:       Mate:       Mate:         Initiator:       Date:       Initiator:       Date:       Mate:       Date:	0										• • • •
Separate PO # Required per Vender     OTF: Completed forms need to be submitted     Actual     Cost     Cont       Commercial Transportation*											
Separate PO # Required per Vender     OTF: Completed forms need to be submitted     Actual     Cost     Cont       Commercial Transportation*	Estimated Costs										
Estimated Costs         PO #         Request in the completion of the travel event if the rewere were devent if the rewere devevent if the rewere				te PO # Required per Vendor							
Lodging + Tax*, #/nights:     Image     Image     Lodging plus tax     Image     Im	Estim		Estimated Cost	s	PO #	Request	the completion of t	e completion of the travel even if there were		Cost	(Office Use Only)
Registration*       Registration       Registratin       Registratin <th< td=""><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td>rtation</td><td></td><td></td></th<>		•							rtation		
Mileage     Miles     Mileage	Lodging + Ta	x*, #/nights:					Lodging plus	tax			
Meals       Mines       Mines       Mines         Other Expenses (Itemized):       Image: Control (Itemize Below):       Image: Control (Itemize Below):       Image: Control (Itemize Below):       Image: Control (Itemize Below):         Other Expenses (Itemized):       Image: Control (Itemize Below):       Image: Control (Itemize Below):       Image: Control (Itemize Below):         Image: Control (Itemize)       Image: Control (Itemize)       Image: Control (Itemize)       Image: Control (Itemize)         Fotal Estimated Expenses:       Image: Control (Itemize)       Image: Control (Itemize)       Image: Control (Itemize)         Fotal Estimated Expenses:       Image: Control (Itemize)       Image: Control (Itemize)       Image: Control (Itemize)         Fotal Estimated Expenses:       Image: Control (Itemize)       Image: Control (Itemize)       Image: Control (Itemize)         Initiator:       Image: Control (Itemize)       Image: Control (Itemize)       Image: Control (Itemize)       Image: Control (Itemize)         Initiator:       Image: Control (Itemize)         Initiator:       Initiator:       Image: Control (Itemize)       Image: Control (Itemize)       Itemize)       Itemize)       Itemize)         Superintendent/President:       Itemize)       Item	Registration*						Registration				
Meals       Meals       Meals       Total (Itemize Below):       Image: State Stat	Mileage	Miles					Mileage		Miles		
Below):     Below):       Total Expenses     Image: Strepsyment/Credit Card Charges       Total Estimated Expenses:     Image: Strepsyment/Credit Card Charges       Initiator:     Balance Due:       Initiator:     Date:       Initiator:     Date:       Immediate Supervisor:     Date:       Immediate Supervisor:     Date:       Vice President:     Date:       Superintendent/President:     Date:       Date:     Superintendent/President:       Date:     Superintendent/President:       Board of Trustees' Approval Needed     Yes       ITELED ACTUAL EXPENSES       Per Diem Meal Data     Itemized Other Expenses       Itemized Other Expenses       Date:     Itemized Other Expenses	Meals							Itemize I	Below):		
Total Expenses       Initial Expenses         Total Estimated Expenses:       Less Prepayment/Credit Card         Charges       Charges         Total Estimated Expenses:       Balance Due:         Pre-Approval Signatures       Actual Expenses Claimed         Initiator:       Date:         Inmediate Supervisor:       Date:         Immediate Supervisor:       Date:         Vice President:       Date:         Superintendent/President:       Date:         Board of Trustees' Approval Needed       Yes         ITEMIZED ACTUAL EXPENSES       Itemized Other Expenses         Per Diem Meal Data       Itemized Other Expenses         Date       Date         Date       Itemized Other Expenses	Other Expense	ses (Itemized):						ses Tota	I (Itemize		
Total Estimated Expenses:       Charges       Charges         Total Estimated Expenses:       End (Charges)       Balance Due:       Image: Charges         Pre-Approval Signatures       Actual Expenses Claimed         Initiator:       Date:       Initiator:       Date:         Initiator:       Date:       Initiator:       Date:         Immediate Supervisor:       Date:       Initiator:       Date:         Vice President:       Date:       Vice President:       Date:         Superintendent/President:       Date:       Vice President:       Date:         Board of Trustees' Approval Needed       Itemized ACTUAL EXPENSES         Per Diem Meal Data       Itemized Other Expenses         Date       Itemized Other Expenses         Date       Description							Total Expense	ses			
Total Estimated Expenses:       Balance Due:         Pre-Approval Signatures       Actual Expenses Claimed         Initiator:       Date:         Initiator:       Date:         Immediate Supervisor:       Date:         Vice President:       Date:         Superintendent/President:       Date:         Date:       Date:         Board of Trustees' Approval Needed       Yes         ITEMIZED ACTUAL EXPENSES         Per Diem Meal Data       Itemized Other Expenses         Date       Dinner         Date       Dinner         Date       Description								ment/Cre	edit Card		
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       Yes       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 Other Expenses         Per Diem Meal Data         Itemized Other Expenses         Breakfast       Lunch         Date       Dinner       Audit         Audit         Per Diem Meal Data	Total Estimat						ue:				
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       Yes       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 Other Expenses         Per Diem Meal Data         Itemized Other Expenses         Breakfast       Lunch         Date       Dinner       Audit         Audit         Per Diem Meal Data											ned
Vice President:       Date:       Vice President::       Date:         Superintendent/President:       Date:       Superintendent/President::       Date:         Board of Trustees' Approval Needed       I Yes       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         Breakfast       Lunch         Dinner       Audit       Description         Actual       Motit       Description					Date:						
Superintendent/President:       Date:       Superintendent/President:       Date:         Board of Trustees' Approval Needed       Yes       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         Breakfast       Lunch         Dinner       Audit       Description       Actual       Audit	Immediate Supervisor:				Date:		Immediate Supervisor:				Date:
Board of Trustees' Approval Needed       Yes       No         MOTE: 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         Breakfast         Lunch       Dinner         Audit       Description         Actual       Audit	Vice President:				Date:		Vice President:				Date:
Board of Trustees' Approval Needed       Yes       No       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         Itemized Other Expenses         Breakfast       Lunch       Dinner       Audit         Audit       Description         Actual       Audit         Colspan="2">Colspan="2"Colspan="	Superintendent/President:				Date:		Superintendent/President:			Date:	
Per Diem Meal Data Itemized Other Expenses	Board of Trustees' Approval Needed Q Yes Q					claimed based on WKC0		on WKCC	D Policy/Procedure	e. Superinten	dent/President does not
Date State Lunch Dinner Audit Description Actual Audit				ITEM	IIZED AG	CTUAI					
Date State Lunch Dinner Audit Description Actual Audit		Per D	iem <u>Meal Da</u>	a				Iter	mize <u>d Other</u>	Expense	es
Sale     \$13.00     \$13.00     \$20.00     (Office Use Only)       Image: Sale     Image: Sale     Image: Sale     Image: Sale	Date	Breakfast	Lunch Di	nner			De			Actual	Audit
	Date	\$13.UU	ຈາວ.00 \$2	0.00	(Office Use	e Only)		South	~	Cost	(Office Use Only)
			<b>├</b> ──								