


Claim for Absence Travel Reimbursement

 TAFTCOLLEGE <small>WEST KERN COMMUNITY COLLEGE DISTRICT</small> 29 Cougar Court Taft, CA 93268	Type of Travel Requested: <input type="checkbox"/> Employee Travel <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>	Method of Transportation: <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)

F O A P	Budget Number	Est. Amount	Actual Amount	Budget Supervisor Signature/Approval

Estimated Costs

Actual Expenses Claimed

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

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 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

Date	Breakfast \$13.00	Lunch \$15.00	Dinner \$20.00	Audit (Office Use Only)	Description	Actual Cost	Audit (Office Use Only)