

**EXPENSE REPORT
WEST KERN COMMUNITY COLLEGE DISTRICT**

DATE: _____

Instructions: Submit in triplicate to your supervisor. Previous Board of Trustees authorization is required for reimbursement of convention expenses.

Name	Title	Dates of Travel:	
Convention Attended	Location	From	To

TRAVEL EXPENSES (Attach All Ticket and Parking Stubs):

Mileage	From	To	Round Trip Miles	@ IRS Rate		TOTAL TRAVEL
Train Fare	From	To	Cost			-
Plane Fare	From	To	Cost			-
Bus Fare	From	To	Cost			-
Auto Rental (Itemize by day, submit receipts)	Date	Purpose	Cost			-
	Date	Purpose	Cost			-
	Date	Purpose	Cost			-
	Date	Purpose	Cost			-
						\$ -

LIVING EXPENSES (Hotel Receipt Required):

Date	Hotel Room	Breakfast	Lunch	Dinner		TOTAL LIVING
						-
						-
						-
						-
						-
						\$ -

OTHER EXPENSES (Submit Receipts):

	TOTAL OTHER
Convention/Registration Fees	
Incidentals (Itemize by date and amount- no receipts required for parking, tolls, taxi & misc. business expenses up to \$5.00)	
Miscellaneous Reimbursement (Receipt required- parking, bridge tolls, taxi & misc. business expenses over \$5.00)	
\$ -	

I hereby certify that the above account of expenses is correct to the best of my knowledge and belief:

TOTAL EXPENSES \$ -

(Signed)

At the regular meeting of the governing board, _____ a resolution was passed by the board authorizing the above named employee to travel on the indicated dates.

BUDGET

CODE: _____

WEST KERN COMMUNITY COLLEGE SCHOOL DISTRICT

ADMINISTRATOR: _____

BY: _____

Authorized Agent