


## Claim for Absence Travel Reimbursement

 <b>TAFT COLLEGE</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"/> 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 (Please Select Vehicle Preference)	<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					
<b>FUNDING SOURCE (FOAPAL)</b>							
F O A P	Budget Number	Est. Amount	Actual Amount	Budget Supervisor Signature/Approval			
<b>Estimated Costs</b>			<b>Actual Expenses Claimed</b>				
Estimated Costs		Separate PO # Required per Vendor	NOTE: Completed forms need to be submitted to the Business Office within <u>ten (10) days</u> of the completion of the travel even if there were no reimbursable expenses incurred.				
Estimated Costs		PO #	Prepay Request *	Actual Cost			
Commercial Transportation*				Commercial Transportation			
Lodging + Tax*, #nights:				Lodging plus tax			
Registration*				Registration			
Mileage	Miles			Mileage			
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>			
<b>Pre-Approval Signatures</b>			<b>Actual Expenses Claimed</b>				
Initiator:		Date:	Initiator:				
Immediate Supervisor:		Date:	Immediate Supervisor:				
Vice President:		Date:	Vice President:				
Superintendent/President:		Date:	Superintendent/President:				
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.				
<b>ITEMIZED ACTUAL EXPENSES</b>							
<b>Per Diem Meal Data</b>				<b>Itemized Other Expenses</b>			
Date	Breakfast \$13.00	Lunch \$15.00	Dinner \$20.00	Audit (Office Use Only)	Description	Actual Cost	Audit (Office Use Only)

# SECTION A: STEPS TO COMPLETE WHEN REQUESTING TO TRAVEL

(2) Top Portion must include dates & estimated departure times, descriptive event purpose & destination.

(1) Must Select Type & Method of Travel

**Claim for Absence Travel Reimbursement**

**Type of Travel Requested:**  
 Employee Travel  
 Field Trip\* (Initial Below)  
 Student Travel  
 Other: \_\_\_\_\_

**Method of Transportation:**  
 Personal Vehicle  
 Commercial Transportation  
 District Vehicle  
 (Please Select Vehicle Preference)

#25 Athletic Bus  
 #26 Athletic Bus  
 #62 15 Passenger Van  
 #65 15 Passenger Van  
 #71 Malibu  
 #68 Minivan/SUV  
 #72 Impala  
 Charter

\*By Initialing, I acknowledge each participating student sign and return a Student or Participant waiver prior to trip.

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  Yes  No

(3) Budget Code where expense will be paid from & estimated cost calculated from section below.

(4) Signature of Budget Manager where expenses are being charged.

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

(5) Breakdown all estimated costs associated with the requested travel.

(6) Purchase Order must be submitted in Banner to cover the estimated costs.

Estimated Costs		Actual Expenses Claimed	
Estimated Costs	PO #	Actual Cost	Audit (Office Use Only)
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 Estimated Expenses:</b>		<b>Total Expenses</b>	
		Less Prepayment/Credit Card Charges	
		<b>Balance Due:</b>	

(7) If you are requesting to be reimbursed or for the college to pay for expenses before the trip, the Prepay section must be checked. Receipts must be included in your packet.

**Pre-Approval Signatures**

Initiator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Vice President: \_\_\_\_\_ Date: \_\_\_\_\_  
 Superintendent/President: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Trustees' Approval Needed  Yes  No

**Actual Expenses Claimed**

Initiator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Vice President: \_\_\_\_\_ Date: \_\_\_\_\_  
 Superintendent/President: \_\_\_\_\_ Date: \_\_\_\_\_

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		

(8) All appropriate signatures must be submitted on the form & routed to the Business Office.

- TRAVEL REQUEST PACKET INCLUDES:**
- Completed Travel Request Form
  - Conference/Event Flyer
  - If applicable:
    - Mileage Print Out Showing Route
    - Lodging Cost Print Outs
    - Itemized Receipts and/or invoices for prepayments
    - Other Expense Documentation Claimed

**APPROVED TRAVEL FORM WILL BE EMAILED BACK TO THE EMPLOYEE  
FROM THE BUSINESS OFFICE**

The screenshot shows an email interface. At the top, the sender is Nancy Figueroa and the recipient is Amanda Bauer. The subject is "Travel Approval - A. Bauer 9-27-19". Below the subject, there is a retention policy notice and an expiration date of 7/23/2026. An attachment is listed as "Bauer, Amanda\_9-27-19.pdf" (666 KB). The email body starts with "Hello," followed by "The attached travel has been approved." Below this, it states: "Within 10 days of travel completion, please resubmit this form for payment with the actual expenses claimed, all appropriate signatures, and backup documentation." It ends with "Thank you and have a great day!" and a signature block for Nancy Figueroa, Accounting Technician at Taft College - Business Office, with contact information: nfigueroa@taftcollege.edu and (661) 763-7933. A callout box on the right side of the email contains the text: "IF TRAVEL WAS APPROVED WITH MODIFICATIONS, THE CHANGES TO YOUR REQUEST WILL BE NOTED ON THE ATTACHED TRAVEL REQUEST FORM AND NOTED IN THE EMAIL." Two black arrows point from this callout box to the PDF attachment and the "The attached travel has been approved." line.

**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

**MUST BE SUBMITTED WITHIN 10 BUSINESS DAYS OF COMPLETION OF TRAVEL EVENT**

## Claim for Absence Travel Reimbursement

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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	
<b>FUNDING SOURCE (FOAPAL)</b>			
<b>F O A P</b>	Budget Number	Est. Amount	Actual Amount
Estimated Costs		Actual Expenses Claimed	
Commercial Transportation*	Estimated Costs	PO #	Actual Cost
Lodging + Tax*, #nights:			
Registration*			
Mileage Miles			
Meals			
Other Expenses (Itemized):			
Total Estimated Expenses:		Balance Due:	
<b>Pre-Approval Signatures</b>		<b>Actual Expenses Claimed</b>	
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	
<b>ITEMIZED ACTUAL EXPENSES</b>			
<b>Per Diem Meal Data</b>			
Date	Breakfast \$13.00	Lunch \$5.00	Dinner \$20.00
			Audit (Office Use Only)
<b>Itemized Other Expenses</b>			
Description		Actual Cost	Audit (Office Use Only)

**(1) Verify the estimated departure & return date/time is accurate. Adjust if needed.**

**(2) Enter Actual Cost of entire travel in this section. This includes all costs associated not just reimbursable amount being paid.**

**(3) Enter actual detailed cost of travel in this section. For auditing purposes, please note at the side if any costs were paid with District CC.**

**(5) Itemize which meals you are claiming in section #3. NOTE: Meals provided to you by conference are ineligible for per diem.**

**(6) Breakdown of "Other Expenses" claimed in section #3 should be itemized here.**

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**(4) Subtract any expenses that were paid to you as a prepay or paid directly by the district to determine actual employee reimbursement.**

**(7) Appropriate Signatures are needed verifying claimed reimbursements are accurate.**

- TRAVEL REIMBURSEMENT PACKET INCLUDES:**
- Completed Travel Request Form
  - Event agenda/itinerary if available
  - Itemized Receipts showing proof of payment for lodging, registration and/or other expenses paid.
  - Memo for any expenses needing additional clarification