

Key Changes to

AP 7400

August **2018**

Content Covered Today

- Control of Travel
- Required Approval
- Summary of Reimbursable Expenses
- Summary of Non-Reimbursable Expenses
- Student Travel
- Field Trip Travel
- New Travel Form: "Claim for Absence/Travel Reimbursement"

Control of Travel

Overall Guidelines to keep in mind when requesting travel.





Control of Travel

- All Travel requests require the approval of the immediate supervisor, departments Vice President & Superintendent/President prior to the employee traveling.
- Any travel request outside of the United States requires Board of Trustee approval.
- Employees are expected to exercise prudent judgement when incurring travel expenses. Excess & unnecessary expense will not be approved or reimbursed.

Control of Travel

- Expenses should be paid by the employee and reimbursed by the District. Receipts are required for all reimbursable charges.
- Employees may be required to submit a trip report along with their final claimed expenses.
- Employees are personally responsible to cancel lodging, conference registration and airfare if they cannot attend. Failure to comply could result in personal liability for all non-cancelled charges.

Required Approval

Steps required to achieve an active travel status.





Step #1 - Approvals

- Initiator will complete the travel request form and present it to both their immediate supervisor & department's Vice President for initial approval.
- If requesting advanced payment for conference fees, lodging and transportation, it will need to be indicated on the travel form and final approval submitted to the Business Office at least 30 days in advance of the travel to allow for processing.
- It will be necessary to attach all pertinent backup documents with the travel form for initial approval.

Step #1 - Approvals

- Purchase orders must be submitted in Banner for the estimated costs being requested. PO #'s need to be indicated on the form.
 - NOTE: A separate Purchase Order needs to be created for each vendor requesting to be paid. For example:
 - PO #1 Hotel (Prepayment Requested)
 - PO #2 Registration (Prepayment Requested)
 - PO #3 Employee Traveling (Meal & Mileage Reimbursement)
- The "Claim for Absence / Travel Reimbursement" form is required even if expenses are not expected to be incurred.

Step #2 - Approvals

- Approved travel forms with appropriate documentation are to be forwarded to the Superintendent/President's office for final approval prior to the date of the trip.
- If traveling outside the United States, Board approval is required.
- Approved travel packets will be forwarded to the Business Office.

Step #3 - Approvals

- The Business Office will process any advanced payment requests if received within 30 days of travel & purchase orders have been submitted.
- If requesting a District Vehicle, a copy of the approved travel request form will be forwarded to M&O for processing.
- The Business Office will return the original "Claim of Absence / Travel Reimbursement" form back to the employee traveling. The form must be returned to the Business Office after travel has been completed.
 - NOTE: Until the employee received the original form back, their travel has not been fully process & approved.

Submitting for Reimbursement





After Completed Travel

- After travel has been completed, the employee must record actual expenses incurred within the appropriate section of the original "Claim of Absence / Travel Reimbursement" form.
- All necessary receipts and backup must be attached to the form when re-submitted for processing.
- Employee, supervisor, VP & President must approval all final expenses.
- Forms must be returned to the Business Office within ten (10) after travel has been completed.
- NOTE: Even if expenses were not incurred, the form must be submitted indicating travel has been completed.

Summary of Reimbursements





Meal Per Diem

- Breakfast: \$13.00
 - Trip begins at or before 7:00 am and ends at or after 10:00 am
- Lunch: \$15.00
 - Trip begins at or before 11:00 am and ends at or after 2:00 pm
- Dinner: \$20.00
 - Trip begins at or before 4:00 pm and ends at or after 7:00 pm
- Per Diem may not be claimed for any meals provided at the conference, regardless of whether the employee chooses to consume the meal(s) provided.

Ground Transportation

- District/Personal Vehicle:
 - Use of a District fleet vehicle is encouraged but not mandatory.
 - Transportation method must be indicated on the travel request form.
 - District Vehicles Gas Expenses are reimbursed (Receipts Required)
 - Personal Vehicles Mileage is paid at the current approved rate IRS rate. (Round trip Mileage Route Map required).
- Rental Car:
 - Use of rental vehicle must be itemized on the travel request form. (Receipts Required).
- Public Transportation:
 - Taxi, bus, ferry, shuttle, metro fares and other forms of public ground transportation are reimbursable when it is necessary. (Receipts Required).

Air Transportation

- Lowest available airfare in coach or economy class tickets that reasonably meets District travel needs for domestic and international flights.
- Encouraged to book flights at least 14 days in advance to avoid premium pricing.
- Non-Reimbursable:
 - Upgraded seating resulting in a higher-priced coach ticket.
 - Additional costs associated with changing orginially booked ticket for convenience of the employee.

Lodging

- Allowable when travel is forty (40) miles or more from the traveler's home or primary worksite.
- Reasonable, single occupancy, standard business room rates, or limited to conference room rate when the conference provides hotel rates.
- Lodging costs only for the appropriate and reasonable amount of time to conduct official business will be reimbursed.

Summary of Non-Reimbursements





Some Examples include:

- Reimbursable expenses without proper receipts and documentation.
- Alcoholic beverages
- Entertainment expenses, movie rentals, and other luxury items similar in nature.
- Upgrades to hotel rooms and airfare.
- Traffic or parking citations.

Other Travel Types





Student Travel:

- Student who is traveling on behalf of the District shall follow the same parameters set for a District employee.
- The Student is also required to sign and submit a "Student or Participant Waivers" form to the appropriate VP prior to the travel date.

Field Trip Travel:

- Field trips shall follow the same parameters set for a District employee travel requirements expect in regards to the following:
 - Transportation reimbursements are only eligible with an approved District vehicle request. If student elects to use their personal vehicle as a mode of transportation, mileage may not be claimed.
 - Field Trips are ineligible for a claim for meal per diem rates.
 - All students participating must sign and submit a "Student or Participant Waivers" form to the appropriate VP prior to the travel date.
 - Only students, faculty and TC employees associated with the course names on the field trip by attend.

New Form





Claim for Absence / Travel Reimbursement Form

- Condensed previous forms into one simplified form.
- Form now replaces:
 - Absence Request Form
 - Travel Reimbursement Claim Form
 - Transportation Request Form

| | | | Claim | for Ab | sence | Travel R | eiml | burseme | ent | | | | |
|--|--|--------------------|--|----------------|---------------------|---|---|-------------------|----------------|-----------------------------------|--|--|--|
| TAFTCOLLEGE WISH KRIEN COMMUNITY COLLEGE DEFINIT 29 COUGAT COURT Taft, CA 93266 Jake of Request | | | Type of Travel Requested: Employee Travel Other: Student Travel Field Trip' (Initial Below) 'By checking this box, I acknowledge each participaen student must sign and return a Student Participant Waiver prior to trip. Employee Rammer / Department | | | | Method of Transportation: — Personal Vehicle — Commercial Transportation — District Vehicle — District Vehicle | | | | | | |
| | | | | | | | | | | | | | |
| Event/Purpos | ie | | - | | | | Date(s | s) of Event | | | | | |
| Destination | | | | | | Institutional Va | alue | | | | | | |
| Date and Tim | e of Departure | | | | | Date and Time | of Retur | m | | | | | |
| NEGRECIEN III | s to be Missed T | | | | | | | | | | | | |
| | | | | | | | | Sub | stitute Need | ed Yes No | | | |
| F O | | | | Est. Amount | | | Actual Amount Budg | | | dget Supervisor Signature/Approva | | | |
| A P | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Estimated | | | | | | tual Expen | | | | | |
| | e Order(s) need to b nner for any expense Credit Card. | es not | ted Costs | eparate PO#Req | Prepay Request | NOTE: Complete to the Business Off the completion of no reimbursable e | the trave | nten (10) days of | Actual Cost | Audit (Office Use Only) | | | |
| Commercial | l Transportation | | | | | Commercial T | ranspor | | | | | | |
| odging + I | odging + lax , #/nights: | | | | | Lodging plus tax | | | | | | | |
| Registration | 1 | | — † | | | Registration | | | | | | | |
| Mileage | | Miles | | | _ | Mileage | | Miles | | | | | |
| Meals | | Miles | | | _ | Meals Total (I | temize l | | | | | | |
| | | | — | | _ | Other Expens | es Tota | (Itemize | | | | | |
| | | - | | | _ | Below): Total Expens | es | | | | | | |
| | | _ | ∦ | | _ | Less Prepayn | nent/Cre | edit Card | | | | | |
| 4-11-4 | | | | | | Charges | | | | | | | |
| tai Estima | ated Expenses | | | | | Balance D | | | | | | | |
| | Pre- | Approval (| Signatures | S | | | Ac | tual Expen | ses Claim | ed | | | |
| nitiator: | | | | | | Initiator: | | | | | | | |
| nmediate : | Supervisor: | | | | | Immediate Supervisor: | | | | | | | |
| ice Presid | lent: | | | | | Vice President: | | | | | | | |
| uperinten | dent/President | : | | | | Superintendent/President: | | | | | | | |
| Board of Tr | oard of Trustees' Approval Needed Yes No | | | | | | NOTE: Certifying Signature confirms the initiator is entitled to the expenses claimed based on WKCCD Policy/Procedure. | | | | | | |
| | | | IT | EMIZED | ACTUAL | EXPENSE | S | | | | | | |
| | P | er Diem M | eal Data | | | | Iter | nized Othe | r Expense | es | | | |
| Date | Breakfas \$13.00 | t Lunch \$15.00 | \$20.00 | | Audit (Use Only) | De | escriptio | on | Actual Cost | Audit (Office Use Only) | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | 1 | | | | | | | |

Print Form

Reset Form

Claim for Absence Travel Reimbursement

| TAFTCOLLEGE WEST KERN COMMUNITY COLLEGE DISTRICT 29 Cougar Court Taft, CA 93268 Date of Request Event/Purpose | Type of Travel Requester Employee Travel Oth Student Travel Field Trip" (Initial Below) "By checking this box, I acknow student must sign and return a Walver prior to trip. Employee Name / Department | er: Per Cor Dis (Pk Pre Student Participant) | nod of Transportation: sonal Vehicle mmercial Transportation trict Vehicle ease Select Vehicle eference from drop down) | contact Telephone Number |
|---|---|--|---|--------------------------|
| Date and Time of Departure | | Date and Time of Retu | im | |
| FUNDING SOURCE (FOAP) | 41.) | | Substitute Nee | eded Yes No |
| Budget Numbe | | Actual Amount | Budget Supervisor | r Signature/Approval |
| P | | | | |

| | | Esti | mated Costs | | | | | |
|-------------------------------------|--|---------|-----------------|-----------------------------------|-------------------|--|--|--|
| NOTE : Purcha | ise Order(s) need to | be | | Separate PO # Required per Vendor | | | | |
| entered into Bi paid by District | anner for any expens t Credit Card. | ses not | Estimated Costs | PO# | Prepay Request | | | |
| | al Transportation | | | | | | | |
| | Tax , #/nights: | | | | | | | |
| Registratio | in | | | | | | | |
| Mileage | | Miles | | | | | | |
| Meals | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Estin | nated Expense | s: | | | | | | |
| | Pre | -App | roval Signatur | es | | | | |
| Initiator: | | | | | | | | |
| Immediate | Immediate Supervisor: | | | | | | | |
| Vice Presi | ident: | | | | | | | |
| Superinte | ndent/President | t: | | | | | | |
| Board of 1 | Frustees' Appro | val Ne | eeded | Yes No | | | | |

| Actual Expens | es Claimed | | | | | | | | |
|---|-------------|------------------|----------------------|------------------|-------------------|----------------------------|----------------|----------------|----------------------------|
| NOTE: Completed forms need to beubmitted Actual | | Audit | | | | | | | |
| to the Business Office withinten (10) days of Cost (Off the completion of the travel even if there no reimbursable expenses | | (Office Use Only |) | | | | | | |
| Commercial Transportation | | | | | | | | | |
| Lodging plus tax | | | | | | | | | |
| Registration | | | | | | | | | |
| Mileage Miles | | | | | | | | | |
| Meals Total (Itemize Below): | | | | | | | | | |
| Other Expenses Total (Itemize Below): | | | | | | | | | |
| lotal Expenses | | | | | | | | | |
| Less Prepayment/Credit Card | | | | | ITEMI | IZED ACTUAL | EXPENSES | | |
| Charges | | | Per [| Diem Me | al Data | | Itemized Other | Expenses | |
| Balance Due: | | Date | Breakfast \$13.00 | Lunch \$15.00 | Dinner \$20.00 | Audit (Office Use Only) | Description | Actual Cost | Audit (Office Use Only) |
| Actual Expens | ses Claimed | | | | | | | | |
| Initiator: | | | | | | | | | |
| Immediate Supervisor: | | | | | | | | | |
| Vice President: | | | | | | | | | |
| Superintendent/President: | | | | | | | | | |

NOTE: Certifying Signature confirms the initiator is entitled to the expenses claimed based on WKCCD Policy/Procedure.

