

**LAKE TAHOE COMMUNITY COLLEGE DISTRICT
CONFERENCE/TRAVEL APPROVAL AND CLAIM FORM**

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NAME _____ BGT CODE: _____ \$ _____

TRANSFER REQUIRED? NO YES (must be attached) BGT CODE: _____ \$ _____

NAME OF CONFERENCE, MEETING OR CLASS: _____

LOCATION: _____ DATES - FROM: _____ TO: _____

ESTIMATED EXPENSES (Board Policy §7.19)

TRANSPORTATION \$ _____

PLANE PRIVATE VEHICLE COLLEGE VEHICLE

OTHER (Describe) _____

LODGING \$ _____

REGISTRATION FEES District Prepay \$ _____

REGISTRATION DEADLINE _____

MEALS (itemize below)

Date	Breakfast	Lunch	Dinner	Banquet	Total

TOTAL MEALS: \$ _____

OTHER (Describe below)

Description	Cost

TOTAL TRAVEL REQUEST: \$ _____

ADVANCE REQUESTED:

(Accounting will require 2 weeks lead time for all advances)

NOTE: _____

EMPLOYEE: _____
Signature Date

APPROVED: _____
Administrator/Supervisor Date

BUSINESS OFFICE USE

Encumbered by: _____ Date: _____

Pmt. Desc.	RCF/Warrant #	Date	Amount	Initials	POENCM

Distribution after encumbering:

- Original, canary and pink copy returned to employee for final claim information.
- Return all copies with final claim; canary copy returned with final reimbursement.

CLAIM FOR REIMBURSEMENT (*receipts required)

TRANSPORTATION

PLANE* \$ _____

PRIVATE VEHICLE MILEAGE \$ _____

(_____ miles @ _____ per mile)

COLLEGE VEHICLE _____ mi. @ _____ per mi. \$ _____

CAR RENTAL* \$ _____

OTHER (specify)* \$ _____

LODGING* \$ _____

REGISTRATION FEES* \$ _____

MEALS (itemize below)

Date	Breakfast	Lunch	Dinner	Banquet*	Total

TOTAL MEALS: \$ _____

OTHER* (Describe below)

Description	Cost

TOTAL CLAIM: \$ _____

LESS:

- District Credit Card \$ _____
- Prepayments \$ _____
- Cash Advances \$ _____
- College Vehicle Mileage \$ _____

TOTAL DUE TO EMPLOYEE: \$ _____

I CERTIFY THAT THE FOREGOING CLAIM IS A TRUE AND ACCURATE ACCOUNTING OF EXPENSES INCURRED BY MY ATTENDANCE AT ABOVE CONFERENCE/MEETING.

BY: _____
Employee Date

APPROVED: _____
Administrator/Supervisor Date

APPROVED: _____
Business Services Date