

# SAN BERNARDINO COMMUNITY COLLEGE DISTRICT TRAVEL CLAIM FORM

Date of Board meeting Approving Event \_\_\_\_\_

## PART A: GENERAL DATA

NAME OF EMPLOYEE: (Please Type or Print) \_\_\_\_\_

\_\_\_\_\_  
Name of Conference, Meeting, Etc.

\_\_\_\_\_  
City & State

\_\_\_\_\_ from \_\_\_\_\_ 20 \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_\_

## PART B: ADVANCE REQUEST - COMPLETE PART B ONLY IF REQUESTING AN ADVANCE

Note: If travel requires board approval, advance request will not be processed until travel is approved by the Board of Trustees.  
Please attach Conference Literature & Hotel Information.

Estimated Cash Expenditures:	Amount	PO Number
Travel (airfare, mileage)	\$ _____	_____
Hotel	\$ _____	_____
Meals	\$ _____	_____
Registration	\$ _____	_____
Miscellaneous (parking, shuttle, taxi, etc.)	\$ _____	_____
Total Estimated	\$ _____	_____
Advance Request at 80%	\$ _____	_____

I hereby certify that the amount requested is for reimbursable travel expense necessary in attending to District business. Advance shall be repaid or adjusted upon filing of Part C below within thirty (30) days of event. If the travel is cancelled, advance will be returned to Fiscal Services within 3 days from date of cancellation. Failure on my part to return the advance gives automatic authorization for the Payroll Dept. to deduct the advance from my payroll check.

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsibility Center Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator/President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chancellor

\_\_\_\_\_  
Date

### Accounting Office Use Only

Warrant # \_\_\_\_\_ Amount \_\_\_\_\_

Date Issued \_\_\_\_\_ P.O. # \_\_\_\_\_

## PART C: EXPENSE REPORT - COMPLETE THIS PART WHEN TRIP/EVENT IS COMPLETED

Conference Literature Required

Original Receipts Required for All Claims except mileage (exclude all tips)

DATE	BREAKFAST	LUNCH	DINNER	MILEAGE		HOTEL	REGISTRATION	CAR RENTAL	TRAVEL	PARKING	TOTAL
				NUMBER	AMOUNT						

TOTAL \_\_\_\_\_

1. Total Travel Expenses \_\_\_\_\_
2. Deduct advance (from Part B) \_\_\_\_\_
3. Net claimed (1 greater than 2) \_\_\_\_\_
4. Amount remitted if 2 is greater than 1. Include check payable to San Bernardino Community College District \_\_\_\_\_

I certify that the above are actual and necessary expenses incurred in accordance with the provisions of Education Code Sections 87032.  
I further certify that the above expenses were for the benefit of the claimant only.

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

### Approvals:

Responsibility Center \_\_\_\_\_

Date: \_\_\_\_\_

President \_\_\_\_\_

Date: \_\_\_\_\_

P.O. \_\_\_\_\_

Amt. \_\_\_\_\_