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SAN BERNARDINO COMMUNITY COLLEGE DISTRICT

TRAVEL/CONFERENCE REQUEST AND CLAIM FORM

☐ I have read and understand SBCCD Administrative Procedure 7400 (https://sbccd.edu/ap-7400-travel). ☐ Conference literature is attached.

SECTION A – TRAVEL/CONFERENCE REQUEST

1) Employee Name *(if students are traveling, attach list of names and IDs)*	2) Site & Department
3) Agency Sponsoring Conference	4) Conference Name

7) Conference Date(s) Start End	8) Travel Date(s) Start End	9) # of Paid Substitute Hours *(if any)*

10) Purpose and value of travel/conference to SBCCD *(continued in box 27) if necessary*

11a) Location City	State/Country	11b) Check "✓" if traveling outside the contiguous US. *Provide prior Board approval date in box 17).* ☐

12) For Expenses During the Conference Related to Meals & Incidentals *(choose one)*

☐ I choose to be reimbursed at the per diem rate; I will not use a CalCard for these expenses and no receipts will be required.

☐ I choose to use my CalCard for these expenses; I will provide itemized receipts and will limit spending to the per diem rate.

Meals are not reimbursable if provided at conference or event. SBCCD uses per diem rates for San Francisco area as established by GSA (www.gsa.gov/perdiem) for all days of business travel. Incidentals include fees and tips given to porters, baggage carriers, and hotel staff.

13a) Travel Cost Estimate	13b) Paid by Employee	13c) Paid by CalCard	13d) Paid by SBCCD Check	14) Total Estimate *(total columns 13b), 13c) and 13d)* $ 0.00	
Lodging Nightly Rate $ Total Lodging (with tax & surcharge)	$	$	$	15) Budget Account(s)	$
Registration	$	$	$		$
Airfare	$	$	$		$
Car Rental	$	$			$
Other Transportation	$	$		16) Unreimbursed Employee Cost	$
Parking/Baggage	$	$		17) Prior Board Approval Date: *(if total estimate is over $5,000 and/or travel is outside the contiguous United States)*	
Per Diem Meals & Incidentals	$	$			
# of Miles x IRS Rate	$	$			
Subtotals	$ 0.00	$ 0.00	$ 0.00		

18a) Purchasing Requisition or Purchase Order Numbers *(as necessary)*	18b) Employee PR/PO # $	18c) US Bank PR/PO # $	18d) Registration PR/PO # $	18e) Lodging PR/PO # $

19) Signature of Employee & Date

20) Signature of Administration for Special Approval Funding & Date *(if required)*

21) Signature of Appropriate Administrator Approving Travel & Date *(Employee travel must be approved by supervisor; student travel by the College President; and Chancellor travel by the Board Chair)*

SECTION B – TRAVEL ADVANCE REQUEST

Complete this section only if requesting an advance. Employees who have been issued a CalCard or have an outstanding advance are not eligible. Amount limited to 80% of Estimate Paid by Employee in box 13b).

22) I certify that the amount requested is for reimbursable travel expense necessary in attending to SBCCD business. Advance shall be repaid or adjusted upon filing of Expense Report within 30 calendar days after return from travel. If travel is cancelled, advance will be returned to Fiscal Services within three business days of cancellation, or the Payroll Department will automatically be authorized to deduct the advance from my payroll check.

Amount Requested $	Signature of Employee & Date

PART C: FOR NON-ORACLE USERS ONLY – EXPENSE CLAIM

If you do not have access to Oracle, complete this section when trip/event has ended. It must be reviewed and electronically signed by your supervisor if you are an employee, or the Responsibility Center Manager if you are a student. Please note: Meals are not reimbursable if provided at conference or event. SBCCD uses per diem rates for San Francisco area as established by GSA (www.gsa.gov/perdiem) for all days of business travel. Incidentals include fees and tips given to porters, baggage carriers, and hotel staff.

23)	Meals & Incidentals *(use only one option)*		Mileage				Car			
Date	Per Diem *(no receipts)*	Paid by CalCard *(receipts required)*	Number	Amount	Hotel	Registration	Rental	Travel	Parking	Total
	0	0		0	0	0	0	0	0	0

1. Total Travel Expenses $
2. Deduct Advance or CalCard Charges $
3. Net Claimed (If 1 is greater than 2.) $
4. Amount Remitted (If 2 is greater than 1.) *Include check payable to San Bernardino Community College District.* $

PO Number:

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.

24) Signature of Claimant & Date

25) Signature of Supervisor & Date *(employees)*

26) Signature of Appropriate Administrator Approving Travel & Date *(students)*

27) Additional Information *(if necessary)*