

**LOS RIOS COMMUNITY COLLEGE DISTRICT
TRAVEL AUTHORIZATION AND REIMBURSEMENT CLAIM**

(Note: Read instructions on back of set before completing)

Please check box where payment is to be sent:

- ARC FLC D.O. EWC **T-**
 CRC SCC FM

Employee Name _____ ID # _____ Conference Sponsor _____
Name of Organization

Conference/Activity _____ Destination _____

Budget No. 1: _____ / _____ / _____ / _____ / _____ / _____ / _____
BusUnit Acct Fund Org Pgm Code SubClass Proj/Grant

Budget No. 2: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
BusUnit Acct Fund Org Pgm Code SubClass Proj/Grant Fund Amount

PART I - Request to Attend

Inclusive dates of travel:

From _____ / _____ / _____ to _____ / _____ / _____
Date Time Date Time

Estimated Expenses: *Indicates Receipt Required for Reimbursement

A. Transportation (Estimate cost of air fare) \$ _____

Air* Dist. Vehicle Priv. Vehicle _____ x _____
miles c/mile

Travel Agency (Air fare) _____

The undersigned certifies that the vehicle he/she uses for Los Rios Community College District business carries the legal minimum insurance required by law.

B. Lodging* \$ _____

Name of Hotel/Motel
 _____ days @ \$ _____ day

C. Registration/Conference Fee* (check one) \$ _____

incl. certain meal(s) excl. meal(s)

D. Meals..... \$ _____

Breakfast \$ _____ x _____ Lunch \$ _____ x _____ Dinner \$ _____ x _____
of days # of days # of days

E. Other (describe)* \$ _____

(Admin. Approval required for vehicle rental)

F. Incidental Expenses \$ _____

Total Estimated Expenses \$ _____
Maximum Allowance, if applicable \$ _____

Travel charged to Categorical Programs, Grants or Special Projects:

This travel is in compliance with the requirements of:

Program Name _____ Program Director/Coordinator Signature _____
 For grants/special projects: _____ Project/Grant Number _____
 Program Goal/Objective Number/Explanation _____

Employee _____ Date _____

Approval _____ Date _____
Area Dean/Supervisor

Approval _____ Date _____
Vice President, Administration

Approval _____ Date _____
President/Designee/or Chancellor

PART II - Request for Cash Advance/Prepaid Expense

(To be completed by Requestor)

A. Employee Cash Advance GENFD / 9161 / 11 \$ _____
BusUnit Acct Fund

B. Registration (Payee) _____ \$ _____

Registration Due Date _____
Vendor I.D.

Budget No. 1: \$ _____ Amount Budget No. 2: \$ _____ Amount

Approval _____
Vice President, Administration

PART III - Request for Reimbursement

To be completed no later than 3 days after return from authorized travel.

* Indicates original receipts required - enter all claimable costs incurred, including prepaid amounts.

From _____ / _____ / _____ To _____ / _____ / _____
Date Time Date Time

A. Transportation

Air fare* Bus* Other* \$ _____

Prepaid to travel agency by district

Private Vehicle _____ x _____ \$ _____
miles c/mile

B. Lodging*

(Single occupancy rate only/exclude phone calls & other costs)

\$ _____

C. Registration Fee (check one)

(Enter full cost even if prepaid)

\$ _____

Prepaid by DO/College

No Prepayment

(No receipt required if prepaid)

D. Meals (Enter actual expenses not to exceed meal allowance stated per Regulation 8341.)

Date	Breakfast	Lunch	Dinner	Total

Total Meals \$ _____

E. Other Expenses*

(Parking fees, bridge toll, business phone call, Wi-Fi, and other business related expenses)

\$ _____

(Admin. approval required for vehicle rental)

F. Incidental Expenses - not to exceed \$5/day

(Tips, personal phone call, and other misc. travel expenses)

\$ _____

G. Total Expenses (A - F)

\$ _____

Total Expenses (lesser of Max. Allowance or Total Expenses)

\$ _____

Less Amount(s) Prepaid

< _____ >

Subtotal

Less Cash Advance (Part II)

< _____ >

Total Requested for Reimbursement

\$ _____

Certification/Approval

I certify that the above claim is an accurate accounting of expenses incurred which does not exceed the allowances provided per Regulation 8341, and complies with District insurance requirements.

Claimant's Signature _____ Date _____

Approved _____ Date _____
Area Dean/Supervisor

Approved _____ Date _____
Vice President, Administration

PART IV Vendor I.D.

Enter allocation of Subtotal (PART III.G.) above

Budget No. 1: \$ _____ Amount Budget No. 2: \$ _____ Amount

D.O. Use: GENFD/ 9161 / 11 \$ _____
BusUnit Acct Fund Amount

INSTRUCTIONS FOR PREPARATION OF TRAVEL AUTHORIZATION AND REIMBURSEMENT CLAIM

This form is to be used to obtain authorization to travel and for reimbursement of travel expenses incurred during the performance of district business. All reimbursements are made pursuant to District Regulation 8341.

All requests for reimbursement shall be reasonable & at the lowest rate available, except in extenuating circumstances.

Use of Chancellor's budget requires the College President's approval and the Chancellor's approval. Use of District budget requires all appropriate College approvals and appropriate District department manager approval.

Part I - Request to Attend Conference/Seminar

All authorizations must be obtained prior to time designated for departure. All requests must be submitted two weeks prior to departure. If a cash advance or prepaid registration is requested, form must be submitted to Accounting Operations for processing a minimum of three weeks prior to date registration is due. Complete only the top and left-hand portion of the form when requesting authorization to travel.

Estimated Expenses:

- A) Transportation - Round trip lowest air fare or mileage not to exceed air fare, \$30.00 average round trip mileage to get to Sacramento airport, parking fees at economy lot, and \$60 roundtrip allowance for shuttle to/from the airport at destination. Air travel arrangements should be made following regular college procedures. Retain appropriate receipt for reimbursement claim. Per R-8343, Section 11.4., reimbursement does not include mileage that is necessary for an employee to get from his/her residence to the assigned workplace. For current mileage rate and standard mileage, refer to www.losrios.edu/lrc/district/misc/mileage_chart.pdf.
Car Rental: Authorized drivers may rent vehicles when needed at travel destination point. Review the Transportation Handbook found here <http://www.losrios.edu/~risk/Transbookweb.pdf> for rental requirements. Enterprise Rent-A-Car includes the required Additional/Supplemental Liability Protection coverage we require and you can make a reservation at contracted special rates from your worksite PC by going to the District website, then to "Employees", then clicking on "Enterprise-Rent-A-Car" under the Purchasing Information Section. Other insurance coverage is not required and may not be reimbursed. Please select the lowest rate and the most economical refueling option.
- B) Lodging - Lodging shall not exceed the single daily occupancy rate established at the conference site. Retain original receipt for reimbursement claim.
- C) Registration - If prepayment is required, attach registration fee document or conference notice for payment processing. Indicate Payee in Part II. If not prepaid, retain receipt and submit original receipt with reimbursement request.

<u>Allowance Provided:</u>	For Breakfast Allowance:	Departure before 7:00 a.m. or return after 7:00 a.m.	Breakfast	\$ 10.00
	For Lunch Allowance:	Departure before 12 noon or return after 12 noon	Lunch	15.00
	For Dinner Allowance:	Departure before 7:00 p.m. or return after 7:00 p.m.	Dinner	<u>31.00</u>
			Total	<u>\$ 56.00</u>

The total meal allowance shall be paid beginning with the traveler's time of departure if travel is outside District boundaries & travel includes an overnight stay. Only the actual amount of meal expenses incurred, not to exceed the allowances stated above, shall be reimbursed.

- E) Other - Estimate additional district business/conference related expenses. Original receipt required for reimbursement.
- F) Incidental Expenses - Estimate additional expenses not to exceed the \$5.00 per day (24 hours) established per R-8341 and only if travel includes an overnight stay. For example, if departure occurred on Monday and traveler returns on Tuesday, but travel did not exceed 24 hours, only \$5.00 incidental allowance may be claimed.

Forward all copies for approval. Travel is not authorized until approved by the Vice President of Administration for travel within a 500-mile radius of Sacramento; the Chancellor for beyond the 500-mile radius. A maximum allowance may be established during the approval process. The maximum allowance is a limit on the amount of travel expenses that will be reimbursed if actual expenses exceed the allowance. Do not complete unless needed. The bottom 3 copies of the approved form will be returned to the employee to complete

Part III - Request for Reimbursement section upon return from travel.

Part II - Cash Advance/Prepaid

College completes the appropriate section and the requested cash advance is processed. If a cash advance or prepaid registration is requested by the employee, the employee is to complete this section and submit the request a minimum of three weeks prior to date registration is due.

Minimum \$100.00 cash advance request shall only be processed.

Part III - Request for Reimbursement

Upon return, complete Part III, right-hand side, of the same travel authorization/reimbursement claim form used when requesting authorization for the travel.

Reimbursement for expenses for the attendance at conferences or meetings is allowed within the financial limits of the college and upon the approval of the administrative head within the college or administrative unit. All reimbursements are pursuant to provisions of R-8341.

Original receipts are required for reimbursement as indicated. Cancelled checks and credit cards are not considered receipts. Reimbursement request should be submitted no later than three (3) days after attendance at the conference or return from travel.