



CONFERENCE REQUEST CLAIM

Employee Name: _____ Employee #: _____ Telephone #: _____ Site: _____ Department: _____
 Account #: _____ Requestor's Signature: _____ Request Date: _____

Part 1: Travel Authorization & Estimated Expenses

Title of Conference: _____
 Sponsoring Organization: _____
 Location: _____
 Business Reason: _____

Dates of Travel: _____ to _____

Estimated Expenses

Transportation: \$ _____ Meals: \$ _____
 Registration: \$ _____ Other \$ _____
 Lodging: \$ _____ **TOTAL: \$ _____**

Approved Estimated Expense

\$ _____

 Administrator/Manager Signature

 Signature of Chancellor/Vice Chancellor/President

 Date

Part 2: Request for Advances

Airfare booked by District's Travel Agency

(email photocopies to purchasing@rscsd.edu)

(1) PR #: _____ \$ _____

Vendor ID: 2428705

All Other Advances

(mail photocopies to Accounts Payable)

(2) Employee Advance \$ _____

Vendor ID: _____

Notes: _____

(3) Direct Pay – Registration \$ _____

Vendor ID: _____

Notes: _____

(4) Direct Pay - Other \$ _____

Vendor ID: _____

Notes: _____

Total Advance \$ _____

(not to exceed 75% of Total Approved Estimated Expenses)

Part 3: Actual Claims for Reimbursement

Complete & submit original form with receipts to Accounts Payable after attendance

(1) Transportation \$ _____

Air \$ _____ Other \$ _____

Actual Miles: _____ X \$0.655 = _____

(2) Registration Fee \$ _____

(3) Lodging \$ _____

(exclude phone calls, meals, parking)

(4) Meals \$ _____

Per Diem Rate: Breakfast \$12, Lunch \$22, Dinner \$30

Date	Breakfast	Lunch	Dinner

(5) Other Expenses \$ _____

Description	Amount
	\$ _____
	\$ _____
	\$ _____

Total Expenses \$ _____

(6) Less Total Advance (Part 2) - \$ _____

Total Due Claimant \$ _____

I certify that the above are actual and necessary expenses incident to this conference. If mileage is being claimed herein, I had, at time of the use of my private automobile, such insurance as required by District rules and regulations for Public Liability and Property Damage.

 Signature of Claimant for Final Claim

 Signature of Direct Supervisor

 Date