



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 _____

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

Part 2: Request for Advances

Airfare booked by District's Travel Agency

E-mail pdf to Purchasing@rsccd.edu

(1) PR #: _____ \$ _____

Vendor ID: 2428705

All Other Advances

E-mail pdf of supporting documentation to Accounts Payable
e.g. conference agenda, travel confirmation, receipts

AP@rsccd.edu

(2) Employee Advance \$ _____

Vendor ID: _____

Notes: _____

(3) Direct Pay – Registration \$ _____

Vendor ID: _____

Notes: _____

(4) Direct Pay - Other \$ _____

Vendor ID: _____

Notes: _____

* **Total Advance** \$ _____

* Travel advance is limited to costs incurred prior to travel and is limited to 75% of the total approved estimated expenses.

Reference: AR 7400

Part 3: Actual Claims for Reimbursement

Complete and submit original form with receipts to Accounts Payable within 15 business days after return.

AP@rsccd.edu

(1) Transportation \$ _____

Air \$ _____ Other \$ _____

Actual Miles: _____ X \$0.725 = _____

(2) Registration Fee \$ _____

(3) Lodging \$ _____

(exclude phone calls, meals, parking)

(4) Meals \$ _____

Per Diem Rate: Breakfast \$14, Lunch \$25, Dinner \$35

Date	Breakfast	Lunch	Dinner

(5) Other Expenses \$ _____

Description	Amount
	\$ _____
	\$ _____
	\$ _____

Total Expenses \$ _____

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

Total Due Claimant \$ _____