

**COAST COMMUNITY COLLEGE DISTRICT  
CONFERENCE / MEETING / WORKSHOP  
REIMBURSEMENT CLAIM FORM**

(must be completed for ALL travel)

CAR#: \_\_\_\_\_

Name \_\_\_\_\_ CCC District GWC OCC  
First Name Middle Initial Last Name

Name of Conference \_\_\_\_\_ Employee ID: \_\_\_\_\_

Attendance Date(s) \_\_\_\_\_

**ALLOWABLE EXPENSES**

(Complete Upon Return Even if No Additional Expenses are Claimed; Attach receipts/documentation in the order listed below)

<b>Airfare</b>						
<b>Auto Rental/Auto Rental Insurance</b>						
<b>Mileage</b>						
<b>Lodging</b>						
<b>Registration</b>						
<b>Meals</b>	<i>Meal expenses incurred during authorized travel will be paid in accordance with the prevailing per diem rates established by the U.S. General Services Administration (GSA) for Orange County, CA : Not to exceed \$81/day (sublimits per meal listed below)</i>					
	DATE:					
	Breakfast \$22/day					
	Lunch \$23/day					
	Dinner \$36/day					
<b>Other Misc. Expenses</b>						
<b>Parking</b>						
<b>Shuttle/Taxi/Rideshare</b>						
<b>Other:</b>						

**TOTAL ACTUAL EXPENSES CLAIMED:** \_\_\_\_\_

**LESS ADVANCE AND/OR AMOUNTS CHARGED TO DISTRICT P-CARDS** \_\_\_\_\_

**P-Card Holder / Check Number** \_\_\_\_\_

**BALANCE TO EMPLOYEE/(NET AMOUNT OF THIS CLAIM)** \_\_\_\_\_

I certify the above were all actual and necessary expenses incidental to this conference/meeting/workshop.

**Budget Number(s)**

**Budget Amount(s)**

**Claimant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Business Office Manager** \_\_\_\_\_ **Date** \_\_\_\_\_

This claim meets the provisions of E.C. 87032 and is for actual and necessary expenses approved beforehand and in accordance with Board of Trustees Policy, as shown on the attached excerpts of Board Minutes or Administrative Approval.