

**SOLANO COMMUNITY COLLEGE DISTRICT**

**TRAVEL AUTHORIZATION AND REIMBURSEMENT CLAIM**

(Note: Read instructions on next page before completing)

Employee Name \_\_\_\_\_ ID# \_\_\_\_\_

Conference/Activity \_\_\_\_\_

Budget No. 1: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Fund Organization Account Program

Budget No. 2: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Fund Organization Account Program

**EMPLOYEE CLASSIFICATION:**

Manager  Faculty  CSEA/Classified  Trustee

Conference Sponsor \_\_\_\_\_  
Name of Organization

Location \_\_\_\_\_

\_\_\_\_\_  
 Manager's Name Manager's Initials

\_\_\_\_\_  
 Manager's Name Manager's Initials

**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\*  District Vehicle  Private Vehicle \_\_\_\_\_ x \_\_\_\_\_  
Miles c/mile

Travel Agency (Air fare) \_\_\_\_\_

The undersigned certifies that the vehicle he/she uses for Solano 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) \$ \_\_\_\_\_

Include certain meal(s)  Exclude 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 Administrator's Signature
For grants/special projects:	Program /Grant Number
Program Goal/Objective Number/ Explanation	

\_\_\_\_\_  
 Employee Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_  
Area Dean/Supervisor

Approval \_\_\_\_\_ Date \_\_\_\_\_  
Fiscal Services

Approval \_\_\_\_\_ Date \_\_\_\_\_  
Superintendent-President\*\*

**PART II - Request for Cash Advance/Prepaid Expense**

(To be completed by Requestor)

A. Employee Cash Advance \$ \_\_\_\_\_

B. Registration (Payee\*\*\*) \$ \_\_\_\_\_

Registration Due Date \_\_\_\_\_  
Vendor I.D.

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

Approval: \_\_\_\_\_ Doc#: \_\_\_\_\_  
Fiscal Services Fiscal use only

**PART III - Request for Reimbursement**

To be completed no later than 7 calendar 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 District  No Prepayment  
(No receipt required if prepaid)

D. Meals (Enter actual expenses not to exceed meal allowance)\*

Date	Breakfast	Lunch	Dinner	Total

Total Meals \$ \_\_\_\_\_

E. Other Expenses\* \$ \_\_\_\_\_  
(Admin. approval required for vehicle rental)

F. Incidental Expenses - not to exceed \$10/day \$ \_\_\_\_\_  
(Other miscellaneous business expenses)

G. Total Expenses (A - F) \$ \_\_\_\_\_

Total Expenses (lessor of Max. Allowance or Total Expense)	\$ _____
Less Amount(s) Prepaid	< _____ >
Subtotal	_____
Less Cash Advance	< _____ >
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 and complies with District insurance requirements.

\_\_\_\_\_  
 Employee's Signature Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_  
Area Dean/Supervisor

Approval \_\_\_\_\_ Date \_\_\_\_\_  
Fiscal Services

**PART IV Vendor I.D.**

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

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

Fiscal Use: \_\_\_\_\_ \$ \_\_\_\_\_  
Fund Org Account Program Amount

\*Indicates Receipt Required for Reimbursement

\*\*Required for Out of State Travel

\*\*\*Person or Association

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 Board Policy or contract. Please see Board Policy 4260 [http://www.solano.edu/district\\_policies/4000/Policy4260.pdf](http://www.solano.edu/district_policies/4000/Policy4260.pdf)

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

**Part I - Request to Attend Conference/Seminar**

All authorizations must be obtained prior to time designated for departure. Requests must be submitted two weeks prior to departure. If a cash advance or prepaid registration is requested, please attach conference information/agenda and schedule, and submit to Fiscal Services for processing a minimum of three weeks prior to departure or prior to date registration is due. Complete only the top and left-handed portion of the form when requesting authorization to travel. Out of state travel must be requested and approved one month prior.

**Estimated Expenses:**

- A) Transportation - Round trip coach air fare or mileage not to exceed air fare, round trip mileage to airport from home or college (whichever is closer), parking fees at economy lot, and \$60 roundtrip allowance for shuttle to/from the airport destination. Air travel arrangements should be made following regular college procedures. Retain appropriate receipt for reimbursement claim. 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 rate contact the Finance and Administration Office. Please attach google map (to and from destination), bridge toll, receipts, etc.
- 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 (name or association) in Part II. If not prepaid, retain receipt and submit original receipt with reimbursement request.

- D) Meals - Payment for meals, if travel is outside District boundaries and travel includes an overnight stay, shall not exceed the amounts established below. Meal included in registration fee may not be claimed and will not be paid for meals included in the registration. Meal receipts must be itemized.

Allowance Provided: (For illustration purposes, please refer to your contract for allowances.)

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	\$ 56.00

The total meal allowance shall be paid beginning with the traveler's time of departure if travel is outside District boundaries and travel includes an overnight stay. Only the actual amount of meal expense 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 \$10.00 per day (24 hours).

Forward all copies for approval. Travel is not authorized until approved by the Fiscal Services for in-state travel; the Superintendent-President for out-of-state travel. 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. Complete Part III – Request for Reimbursement section upon return from travel and submit with receipts within seven (7) calendar days.

**Part II - Cash Advance/Prepaid**

College completes the appropriate section and the requested cash advance is processed. If a cash advance/prepayment is requested by the employee, the employee is to complete this section and submit the request a minimum of two to three weeks prior to date advance or prepayment is needed. Include a copy of documentation (conference registration, invoice or receipt) with Request for Reimbursement.

**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 administrator within the college. All reimbursements are pursuant to Board Policy and/or contract.

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 seven (7) days after attendance at the conference or return from travel.