Claim for Absence/Travel

☐ Bakersfield College
☐ Cerro Coso Community College

FOAPAL	Location	<u>Func</u>	ding
Source			

2100 Chester Avenue Bakersfield. CA 93301-4099		Reimbursement		☐ District Office☐ Porterville College☐				□ District/College □ Co-Curricular □ ASB □ Food Services □ Bookstore □ Foundation			
Date of Request		Contact Telephone Number			Staff Development Fund ☐ Yes ☐ N				es 🗆 No		
Name	L-		lde	entification Num	ber		1	Departmer	nt		
Event						D	ate(s) of Ev	ent			
Destination											
Date and Time of Departure					Date and Tir	ne of Re	eturn				
Classes/Hours to Be Missed					l		Sub	ostitute N	Needed	☐ Yes ☐	No
FUNDING SOURCE (6	e a FOAF	PAL or	Stude	ent Organiz	ration Acc	count	ina Strir	าต			
E Budget N				Amount	Actual Amount Budget Supervisor Signature/Approval						
O A											
P											
F					_						
Esti	mated Cos	sts					Actua	l Exper	nses Claim	ed	
		(Please ✓ If Requested)							Actual	Audit	
	Estimated Cost		yment*/ PO	Credit Card						Cost	(Office Use Only)
Commercial Transportation*					Commercia		sportation*				
Lodging+Tax*, #/nights:					Lodging plus tax						
Registration*					Registratio	n					
					Mileage	Miles		@	Cents		
Mileage					Mileage	IVIIICC		er Readi			
Meals						Start	÷	End:			
Other Expenses (Itemized):					Meals Tota	I (Itemi	ze Below):				
					Other Expe	Other Expenses Total (Itemize Below):					
					Total Expe						
					Less Prepa	ayment	ent/Credit Card Charges				
Total Estimated Expenses					Balance Du	ne					
					Purchase (
<u>Pre-App</u>	<u>roval Sig</u>	<u>natur</u>	<u>'es</u>						res (AFT		
Initiator Immediate Supervisor				incurre	ed by r	ne in the p	<u>oerforma</u>	of actual and nce of duties Community	as directed	d by the	
	-!'- t- O i-				<u>Initiator</u>	crining	Doard Or	the Kerri	Community	oonege Dis	urou.
NOTE: Pre-Approval by Immediate Supervisor confirms approval of the initiator's travel. Budget approval is completed through the purchasing				Immediate Supervisor							
process.				NOTE: Certifying Signature by Immediate Supervisor confirms the initiator is entitled to the expenses claimed based on KCCD Policy/Procedure.							
*If prepayment requested, costs information must be submitted with this request.				Audited and Approved for Payment By:							
Maximum Authorized If App		000000	rod tree:	- ling							
Initiator to mark this box employee on student trip.	<u>ıı servirig as</u>	<u>αμριον</u>	<u>reu (rave</u>	<u>ziiriy</u>							
							Pe	Diem	Meal Data		Assalle
Si	gnatures	3			Date		reakfast \$12.00	Lunch \$17.00		Total \$59.00	Audit (Office Use Only)

Initiator										
Immediate Supervisor _										
Business Services ONLY										
	Date	Check Number	Amount							
Prepayment										
				Itemized Other Expenses						
Final Payment								Actual Cost	Audit (Office Use Only)	
Special Notations:										

04/2014 Original to: KCCD Business Office Copies to: 2—College; 1-Initiator

FORM INSTRUCTIONS

- 1. Please complete the top portion with date, name, event, destination, dates of event, times of departure and return, and classes to be missed, if applicable.
- Indicate the budget number or numbers <u>(e.g., FOAPAL or Student Organization Accounting String) that</u> to be charged and identify the amount each source will be paying for the trip. The signature of the appropriate budget supervisor for each budget number to be charged is required. <u>Budget managers will approve the expenses associated with the travel</u> through the purchasing process.
- Complete only the estimated cost portion when the request is initiated. Indicate type of transportation, information on lodging, registration fees, amount of meals, and miscellaneous charges. Prepayment for transportation, <u>(excluding mileage)</u> lodging, feed and registration fees may be requested. Cash advances are available for up to ninety percent (90%) of the total estimated costs.
- 4. Please sign the form and have the immediate supervisor approve the request. (Pre-Approval Signatures)
- 5. If traveling as an approved traveling employee for student travel, please mark the box indicating so.
- 6. Purchase orders must be in place for all expenses prior to travel.
- 7. To request reimbursement complete the *Actual Expenses Claimed* section of the form. List all expenses, total the actual cost column, then deduct all prepayments. The balance will equal the amount to be reimbursed. The claim should be made within-five (5) ten (10) working days after the trip is completed.
- 8. <u>Please sign the form and have the immediate supervisor approve the request (Certifying Signatures).</u>
- 9. When an overnight stay is required meals will only be reimbursed at the per diem reimbursement rate of \$59.00 per day: Breakfast, \$12.00; Lunch, \$17.00; and Dinner, \$30.00. See student/athlete travel for exceptions (below). Employees are not entitled to per diem for meals included in the event/conference, regardless of whether the employee chooses to consume the meal(s) provided. A copy of the conference schedule must be included with your claim. If no overnight stay is required, no meals can be claimed.(see student travel for exception below). The Chancellor and/or College President must approve actual reimbursement for meal costs that deviate from the per diem reimbursement rate.

Meal reimbursements will be prorated as follows:

<u>Travel</u> - The most economical mode of transportation should be used. Travel by personal automobile will be reimbursed at the Board authorized rate per mile, and the employee must have an Agreement For Use of Automobile form on file with his/her Campus/District Business Services <u>prior to travel</u>. to receive reimbursement. If <u>odometer readings are not available</u>, <u>claiming mileage and not using the mileage chart for commonly visited areas</u>, a Google Map/<u>MapQuest</u> will be required.

Non-reimbursable – Personal telephone calls, entertainment, or alcoholic beverages will not be reimbursed. Meals included as part of the meeting/conference registration will not be reimbursed. <u>regardless of whether the employee chooses to consume the meal(s) provided.</u>

<u>Incidental Expenses</u> – These include conference fees, portering services, business related telephone calls, faxes and internet, and tips.

Other Expenses – Original, itemized Receipts must be provided for all expenditures, except meals, including any prepayments. Baggage handling charges may be reimbursed up to \$5.00 per trip without receipt.

Student/Athlete Travel (Per Diem exception) – For approved traveling employees accompanying students/athlete events/conferences, (i.e. conference or athletic event) meals will be reimbursed based on ACTUAL expenses (up to employee per diem) for travel when no overnight stay is required. Original, itemized receipts will be required.

If there are no expenses to be claimed, indicate so and return the form to College or District Business Services. This will return funds back to the proper budget account, and retain the form in the appropriate area/department.

<u>Purchase orders MUST be approved prior to traveling. Purchase orders should be based on estimated amounts when</u> actual amounts are not known.

All claims must be submitted within thirty (30) ten (10) days of the travel claim. For June travel, claims must be submitted no later than the July cut-off date for processing prior year invoices. "Expenditure Cutoff Date" deadline established for the current fiscal year expenditures. No reimbursements for current fiscal year expenditures will be processed after this date.