

*AP 3C3A(a)(b) Claim for
Absence Travel
Reimbursement*

**Proposed Addition to
Kern Community College District Board Policy Manual
Section Three – Business Services**

Governance Process:

Reason for Revision: To Establish District Procedure

See draft of Form 3C3A(a)(b) attached

Admin 03/17/14
Reviewed at Ch.C. 04/21/14
CC 04/22/14



Kern Community College District
2100 Chester Avenue
Bakersfield, CA 93301-4099

Claim for Absence/Travel Reimbursement

- Bakersfield College
- Cerro Coso Community College
- District Office
- Porterville College

FOAPAL Location

- District/College
- ASB
- Bookstore
- Co-Curricular
- Food Services
- Foundation

Date of Request	Contact Telephone Number	Staff Development Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name		Identification Number	Department
Event		Date(s) of Event	
Destination			
Date and Time of Departure		Date and Time of Return	
Classes/Hours to Be Missed		Substitute Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	

F O A P A L	Budget Number	Est. Amount	Actual Amount	Budget Supervisor Signature/Approval

Estimated Costs				Actual Expenses Claimed		
	Estimated Cost	(Please <input checked="" type="checkbox"/> If Requested)			Actual Cost	Audit (Office Use Only)
		Prepayment*/PO	Credit Card			
Commercial Transportation*				Commercial Transportation*		
Lodging+Tax*, #/nights:				Lodging plus tax		
Registration*				Registration		
Mileage				Mileage	Odometer Readings	
Meals					Start:	End:
Other Expenses (Itemized):				Meals Total (Itemize Below):		
				Other Expenses Total (Itemize Below):		
				Total Expenses		
				Less Prepayment/Credit Card Charges		
Total Estimated Expenses				Balance Due		

*If prepayment requested, costs information must be submitted with this request.

Audited and Approved for Payment By: _____

Maximum Authorized If Applicable _____

Signatures	Per Diem Meal Data					Audit (Office Use Only)
	Date	Breakfast \$12.00	Lunch \$15.00 \$17.00	Dinner \$28.00 \$30.00	Total \$55.00 \$59.00	
Initiator _____						
Immediate Supervisor _____						

Business Services ONLY			
	Date	Check Number	Amount
Prepayment _____			

Itemized Other Expenses		
Description	Actual Cost	Audit (Office Use Only)
Final Payment		
Special Notations:		

ABSENCE/TRAVEL REQUEST/REIMBURSEMENT CLAIM 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.
2. Indicate the budget number or numbers 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.
3. 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, lodging, food 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.
5. 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) working days after the trip is completed.
6. Meals will only be reimbursed at the per diem reimbursement rate of ~~\$55.00~~ \$59.00 per day: Breakfast, \$12.00; Lunch, \$17.00 ~~\$15.00~~; and Dinner, \$30.00 ~~\$28.00~~. 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:

Breakfast..... If travel is begun prior to ~~7:00~~ 6:00 a.m.
Lunch If travel covers entire period between 11:00 a.m. and 2:00 p.m.
Dinner ... If travel is concluded after ~~6:00~~ 7:00 p.m.

Travel--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 to receive reimbursement. A mileage chart will be provided for commonly visited areas. If destination is not listed, odometer readings will be required.

Nonreimbursable—Personal telephone calls, entertainment, or alcoholic beverages will not be reimbursed. Meals included as part of the meeting/conference registration will not be reimbursed.

Incidental Expenses—These include conference fees, portering services, business related telephone calls, faxes and internet, and tips.

Other Expenses--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.

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.

All claims must be submitted within thirty (30) 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.