

<b>Kern Community College District</b> 2100 Chester Avenue Bakersfield, CA 93301-4099		<h2 style="margin: 0;">Claim for <del>Absence</del> Travel Reimbursement</h2>		<input type="checkbox"/> Bakersfield College <input type="checkbox"/> Cerro Coso Community College <input type="checkbox"/> District Office <input type="checkbox"/> Porterville College		<b>FOAPAL Location</b> <input type="checkbox"/> District/College <input type="checkbox"/> Co-Curricular <input type="checkbox"/> ASB <input type="checkbox"/> Food Services <input type="checkbox"/> Bookstore <input type="checkbox"/> Foundation	
				Date of Request		Contact Telephone Number	
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		

**FUNDING SOURCE (FOAPAL)**

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

Estimated Costs				Actual Expenses Claimed		
	Estimated Cost	(Please ✓ 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    Miles _____ @ _____ Cents		
Meals				<b>Mileage</b> Start: _____ End: _____		
Other Expenses (Itemized):				Meals Total (Itemize Below):		
				Other Expenses Total (Itemize Below):		
				Total Expenses		
				Less Prepayment/Credit Card Charges		
<b>Total Estimated Expenses</b>				Balance Due		

Purchase Order Number

**Pre-Approval Signatures**

**Certifying Signatures (AFTER travel)**

Initiator

Immediate Supervisor

*NOTE: Pre-Approval by Immediate Supervisor confirms approval of the initiator's travel. Budget approval is completed through the purchasing process.*

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

Maximum Authorized If Applicable \_\_\_\_\_

*I certify that this is a true record of actual and necessary expenses incurred by me in the performance of duties as directed by the governing Board of the Kern Community College District.*

Initiator

Immediate Supervisor

*NOTE: Certifying Signature by Immediate Supervisor confirms the initiator is entitled to the expenses claimed based on KCCD Policy/Procedure.*

Audited and Approved for Payment By: \_\_\_\_\_

**Per Diem Meal Data**

Date	Breakfast \$12.00	Lunch \$17.00	Dinner \$30.00	Total \$59.00	Audit (Office Use Only)
<u>Initiator</u> _____					

Immediate Supervisor _____									
<b>Business Services ONLY</b>									
	Date	Check Number	Amount						
Prepayment _____									
				<b>Itemized Other Expenses</b>					
Final Payment				Description			Actual Cost	Audit (Office Use Only)	
Special Notations:									

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

# 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 ~~(FOAPALs) that 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.~~ Budget managers will approve the expenses associated with the travel through the purchasing process.
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, ~~(excluding mileage) 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. (Pre-Approval Signatures)
5. Purchase orders must be in place for all expenses prior to travel.
6. 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.
7. Please sign the form and have the immediate supervisor approve the request (Certifying Signatures).
8. 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. 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 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 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 prior to travel, to receive reimbursement. ~~If odometer readings are not available, claiming mileage and not using the mileage chart for commonly visited areas,~~ a Google Map/MapQuest 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–regardless of whether the employee chooses to consume the meal(s) provided.

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

Other Expenses – Original, itemized R 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.~~ and retain the form in the appropriate area/department.

**Purchase orders MUST be approved prior to traveling. Purchase orders should be based on estimated amounts when actual amounts are not known.**

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.~~ "Expenditure Cutoff Date" deadline established for the current fiscal year expenditures. No reimbursements for current fiscal year expenditures will be processed after this date.