### Claim for Absence Travel Reimbursement

**29 Cougar Court**  
Taft, CA 93268

- **Type of Travel Requested:**  
  - Employee Travel
  - Field Trip* (Initial Below)
  - Student Travel
  - Other: _________________________________

- **Method of Transportation:**  
  - Personal Vehicle
  - Commercial Transportation
  - District Vehicle  
    (Please Select Vehicle Preference)
  - #25 Athletic Bus
  - #26 Athletic Bus
  - #62 15 Passenger Van  
  - #65 15 Passenger Van
  - #71 Malibu
  - #68 Minivan/SUV
  - #72 Impala
  - Charter
  - Other:

- **Date of Request**  

- **Event/Purpose**  

- **Destination**  

- **Institutional Value**

- **Date and Time of Departure**  

- **Date and Time of Return**

- **Classes/Hours to Be Missed**

- **Substitute Needed**  
  - Yes
  - No

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### FUNDING SOURCE (FOAPAL)

<table>
<thead>
<tr>
<th>Budget Number</th>
<th>Est. Amount</th>
<th>Actual Amount</th>
<th>Budget Supervisor Signature/Approval</th>
</tr>
</thead>
</table>

- **Estimated Costs**
- **Actual Expenses Claimed**

- **PO #**

- **Prepay Request**

*NOTE: Completed forms need to be submitted to the Business Office within ten (10) days of the completion of the travel even if there were no reimbursable expenses incurred.*

<table>
<thead>
<tr>
<th>Commercial Transportation*</th>
<th>Commercial Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodging + Tax*, #/nights:</td>
<td>Lodging plus tax</td>
</tr>
<tr>
<td>Registration*</td>
<td>Registration</td>
</tr>
<tr>
<td>Mileage</td>
<td>Mileage</td>
</tr>
<tr>
<td>Meals</td>
<td>Meals Total (Itemize Below):</td>
</tr>
<tr>
<td>Other Expenses (Itemized)</td>
<td>Other Expenses Total (Itemize Below):</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>Less Prepayment/Credit Card Charges</td>
</tr>
</tbody>
</table>

**Total Estimated Expenses:**

- **Balance Due:**

---

### Itemized Actual Expenses

#### Per Diem Meal Data

<table>
<thead>
<tr>
<th>Date</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Audit (Office Use Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$13.00</td>
<td>$15.00</td>
<td>$20.00</td>
<td></td>
</tr>
</tbody>
</table>

#### Itemized Other Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual Cost</th>
<th>Audit (Office Use Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Pre-Approval Signatures**

- **Initiator:**
- **Immediate Supervisor:**
- **Vice President:**
- **Superintendent/President:**

**Board of Trustees’ Approval Needed**  
- Yes  
- No

**NOTE:** Certifying Signature confirms the initiator is entitled to the expenses claimed based on WKCCD Policy/Procedure.

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Version 19.1  
Revised 8/21/19