


Claim for Absence Travel Reimbursement

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|--|--|--|---|--|
|  TAFTCOLLEGE <small>WEST KERN COMMUNITY COLLEGE DISTRICT</small> 29 Cougar Court Taft, CA 93268 | Type of Travel Requested: <input type="checkbox"/> Employee Travel <input type="checkbox"/> Virtual Conference <input type="checkbox"/> Field Trip* (Initial Below) <input type="checkbox"/> Student Travel <input type="checkbox"/> Other: _____ <small>*By initialing, I acknowledge each participating student sign and return a Student or Participant waiver prior to trip.</small> | Method of Transportation: <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Commercial Transportation <input type="checkbox"/> District Vehicle (Please Select Vehicle Preference) | <input type="checkbox"/> #25 Athletic Bus <input type="checkbox"/> #26 Athletic Bus <input type="checkbox"/> #62 15 Passenger Van <input type="checkbox"/> #65 15 Passenger Van <input type="checkbox"/> #71 Malibu <input type="checkbox"/> #68 Minivan/SUV <input type="checkbox"/> #72 Impala <input type="checkbox"/> Charter <input type="checkbox"/> Other: _____ | |
| | Date of Request | Employee Name / Department | Contact Telephone Number | |
| Event/Purpose | | Date(s) of Event | | |
| Destination | | Institutional Value | | |
| 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 | Budget Number | Est. Amount | Actual Amount | Budget Supervisor Signature/Approval |
|------------------|---------------|-------------|---------------|--------------------------------------|
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Estimated Costs

Actual Expenses Claimed

| | | Separate PO # Required per Vendor | | 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. | Actual Cost | Audit (Office Use Only) |
|----------------------------------|-------|-----------------------------------|------|---|-------------|-------------------------|
| | | Estimated Costs | PO # | | | |
| Commercial Transportation* | | | | Commercial Transportation | | |
| Lodging + Tax*, #/nights: | | | | Lodging plus tax | | |
| Registration* | | | | Registration | | |
| Mileage | Miles | | | Mileage | Miles | |
| Meals | | | | Meals Total (Itemize Below): | | |
| Other Expenses (Itemized): | | | | Other Expenses Total (Itemize Below): | | |
| | | | | Total Expenses | | |
| | | | | <i>Less Prepayment/Credit Card Charges</i> | | |
| Total Estimated Expenses: | | | | Balance Due: | | |

Pre-Approval Signatures

Actual Expenses Claimed

| | | | |
|--|-------|--|-------|
| Initiator: | Date: | Initiator: | Date: |
| Immediate Supervisor: | Date: | Immediate Supervisor: | Date: |
| Vice President: | Date: | Vice President: | Date: |
| Superintendent/President: | Date: | Superintendent/President: | Date: |
| Board of Trustees' Approval Needed <input type="checkbox"/> Yes <input type="checkbox"/> No | | NOTE: Certifying Signature confirms the initiator is entitled to the expenses claimed based on WKCCD Policy/Procedure. Superintendent/President does not need to certify final expenses unless an exception to policy is being made. | |

ITEMIZED ACTUAL EXPENSES

Per Diem Meal Rates: Rates shall reflect the U.S. General Services Administration's annual published per diem reimbursement rate: <https://www.gsa.gov/travel/plan-book/per-diem-rates>

Itemized Other Expenses

| Date | Breakfast | Lunch | Dinner | Audit (Office Use Only) | Description | Actual Cost | Audit (Office Use Only) |
|------|-----------|-------|--------|-------------------------|-------------|-------------|-------------------------|
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