


Claim for Absence Travel Reimbursement

 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 <small>(Please Select Vehicle Preference)</small>		<input type="checkbox"/> #25 Athletic Bus <input type="checkbox"/> #26 Athletic Bus <input type="checkbox"/> #27 Athletic Bus <input type="checkbox"/> #62 10 Passenger Van <input type="checkbox"/> #68 Traverse <input type="checkbox"/> #74 10 Passenger Van <input type="checkbox"/> #75 10 Passenger Van <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

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	
					Less Prepayment/Credit Card Charges	
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 ☐ Yes ☐ 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)