



**RANCHO SANTIAGO**  
Community College District

**CONFERENCE REQUEST CLAIM**

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Site: \_\_\_\_\_ Department: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Requestor's Signature: \_\_\_\_\_ Request Date: \_\_\_\_\_

**Part 1: Travel Authorization & Estimated Expenses**

Title of Conference: \_\_\_\_\_  
 Sponsoring Organization: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Business Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 Dates of Travel: \_\_\_\_\_ to \_\_\_\_\_

Estimated Expenses	
Transportation: \$ _____	Meals: \$ _____
Registration: \$ _____	Other \$ _____
Lodging: \$ _____	<b>TOTAL: \$ _____</b>

**Approved Estimated Expense**

\$ \_\_\_\_\_

\_\_\_\_\_

Administrator/Manager Signature

\_\_\_\_\_

Signature of Chancellor/Vice Chancellor/President

\_\_\_\_\_

Date

**Part 2: Request for Advances**

**Airfare booked by District's Travel Agency**  
 (email photocopies to purchasing@rscsd.edu)

(1) PR #: \_\_\_\_\_ \$ \_\_\_\_\_

Vendor ID: 2428705

**All Other Advances**  
 (mail photocopies to Accounts Payable)

(2) Employee Advance \$ \_\_\_\_\_

Vendor ID: \_\_\_\_\_

Notes: \_\_\_\_\_

(3) Direct Pay – Registration \$ \_\_\_\_\_

Vendor ID: \_\_\_\_\_

Notes: \_\_\_\_\_

(4) Direct Pay - Other \$ \_\_\_\_\_

Vendor ID: \_\_\_\_\_

Notes: \_\_\_\_\_

**Total Advance** \$ \_\_\_\_\_

(not to exceed 75% of Total Approved Estimated Expenses)

**Part 3: Actual Claims for Reimbursement**

Complete & submit original form with receipts to Accounts Payable after attendance

**(1) Transportation** ..... \$ \_\_\_\_\_

Air \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Actual Miles: \_\_\_\_\_ X \$0.58 = \$ \_\_\_\_\_

**(2) Registration Fee** ..... \$ \_\_\_\_\_

**(3) Lodging** ..... \$ \_\_\_\_\_

(exclude phone calls, meals, parking)

**(4) Meals** ..... \$ \_\_\_\_\_

Per Diem Rate: Breakfast \$10, Lunch \$20, Dinner \$30

Date	Breakfast	Lunch	Dinner

**(5) Other Expenses** ..... \$ \_\_\_\_\_

Description	Amount
	\$
	\$
	\$

**Total Expenses** ..... \$ \_\_\_\_\_

**(6) Less Total Advance (Part 2)** ..... - \$ \_\_\_\_\_

**Total Due Claimant** ..... \$ \_\_\_\_\_

I certify that the above are actual and necessary expenses incident to this conference. If mileage is being claimed herein, I had, at time of the use of my private automobile, such insurance as required by District rules and regulations for Public Liability and Property Damage.

\_\_\_\_\_  
Signature of Claimant for Final Claim                      Signature of Direct Supervisor                      Date