



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: \$ _____	TOTAL: \$ _____

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
E-mail pdf to purchasing@rscdd.edu

(1) PR #: _____ \$ _____
 Vendor ID: 2428705

All Other Advances
*E-mail pdf of supporting documentation to Accounts Payable
 e.g. conference agenda, travel confirmation, receipts*

(2) Employee Advance \$ _____
 Vendor ID: _____
 Notes: _____

(3) Direct Pay – Registration \$ _____
 Vendor ID: _____
 Notes: _____

(4) Direct Pay - Other \$ _____
 Vendor ID: _____
 Notes: _____

*** Total Advance \$ _____**

* Travel advance is limited to costs incurred prior to travel and is limited to 75% of the total approved estimated expenses.

Reference: AR 7400

Part 3: Actual Claims for Reimbursement
Complete and submit original form with receipts to Accounts Payable within 15 business days after return.

(1) Transportation \$ _____
 Air \$ _____ Other \$ _____
 Actual Miles: _____ X \$0.67 = _____

(2) Registration Fee \$ _____

(3) Lodging \$ _____
 (exclude phone calls, meals, parking)

(4) Meals \$ _____
 Per Diem Rate: Breakfast \$12, Lunch \$22, 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