# INSTRUCTIONS FOR COMPLETING CONFERENCE FORMS

Only expenditures up to the amount authorized by the Chancellor and his designees (and Board of Trustees if required) will be reimbursed. The Chancellor, Vice Chancellors and College Presidents will have final signature authority for their respective areas. Original receipts must be submitted with form and it must be signed by your direct supervisor or designee in order to be reimbursed. ***Failure to submit this form within 15 working days after the conference may prevent us from processing future payments to you.***

PART I    **REQUEST FOR APPROVAL/APPROVED ESTIMATED EXPENSES**

**ESTIMATED EXPENSES**
**TRANSPORTATION:** lowest economical and class round trip airfare or mileage not to exceed lowest economical round trip airfare
**REGISTRATION:** total amount of registration fee
**LODGING:** estimate one night's lodging at standard room single occupancy rate including taxes, for every day of conference. Note: Lodging for conferences within 50 miles of the District office or college site is <u>not allowable</u> unless specifically approved in advance by the Chancellor, Vice Chancellor or President with documentation of the business necessity.
**MEALS:** estimate cost of meals during the conference period using per diem rates below, excluding meals provided at the conference
**OTHER:** miscellaneous expenses, i.e., ground transportation, parking, rental car, etc.

The remainder of this section is self-explanatory. Complete, obtain signatures and forward to approving Administrator.
**NOTE:** Travel outside the United States requires Chancellor approval prior to booking.

***\*If traveling with lodging, fill out the attached* Transient Occupancy Tax Waiver, *bring with you and present the form at check in. Not all hotels will accept it, but when they do it provides a savings in the taxes charged.***

PART II **REQUEST FOR ADVANCES – *Allow 15 business days for checks to be processed.***
**NOTE:** Cash advance cannot exceed 75% of approved estimated expenses.
**(1)   TRANSPORTATION:**
**Airline ticket:**
➢   Insert name of travel agent and amount of airfare
➢   Prepare online purchase requisition made to travel agent
➢   Submit photocopy of approved Conference form, purchase requisition and airline quote to Purchasing
FOR THE FOLLOWING **prepare online purchase requisition** and attach photocopies (retain original) of approved conference form for **<u>each</u>** item requested. Failure to provide signed W-9 forms as noted below will result in delays in processing advances.
**(2) REGISTRATION FEE:**
➢   Insert name of sponsoring organization (payee) and obtain signed W-9 for vendor set-up in Datatel
➢   Insert full amount of registration fee
➢   Attach conference registration form (that shows payee and registration amount) to requisition, signed W-9 and submit to Accounts Payable.
**(3) LODGING:**
➢   Insert name of hotel and obtain signed W-9 for vendor set-up in Datatel
➢   Insert lodging cost [daily single occupancy rate (+) tax (x) number of days]
➢   Attach hotel confirmation to requisition, signed W-9 and submit to Accounts Payable.
**(4) CASH ADVANCE:**
➢   Insert your name and attach conference flyer, hotel confirmation and airfare quote to support amount requested.
➢   Deduct amounts 1, 2, and 3. Cash advance cannot exceed 75% of approved estimated expenses after the deductions. Insert amount.
➢   Attach backup to requisition and submit to Accounts Payable.

PART III **ACTUAL EXPENSE REPORT/CLAIM FOR REIMBURSEMENT**

**(1) TRANSPORTATION:**
➢   Insert actual cost of transportation
➢   Attach plane, train or bus receipt
➢   If auto, print and attach map which details miles from work location to conference location. Multiply total miles driven (less mileage for regular commute) (x) current IRS mileage rate; insert amount not to exceed lowest economical airfare.
**(2) REGISTRATION FEE:**
➢   Attach receipt and insert amount
➢   If no receipt, attach cancelled personal check or credit card statement or proof of payment and certificate of attendance.
**(3) LODGING:**
➢   Attach hotel bill showing standard room single occupancy room rates and taxes
➢   Insert total amount **excluding** phone calls, meals, parking, movies, etc.
**(4) MEALS:**
➢   List dates and standard per diem amounts for each meal excluding conference provided meals. Attach conference agenda.
➢   **<u>Do not</u>** attach itemized receipts or restaurant stubs as Accounts Payable will use standardized per diem rates - $10 for breakfast, $20 for lunch, and $30 for dinner.
**(5) OTHER EXPENSES:**
➢   List other conference-related expenses (ground transportation including gratuity not to exceed 20% of fare, parking, etc.) and amounts. Attach receipts.
➢   List car rental (prior approval required) and amount. Attach receipt.
➢   Note: Incidentals (e.g. tips/gratuities, valet parking, personal expenses including telephone calls and entertainment expense, or purchase of alcohol) will <u>not</u> be reimbursed.
**(6) LESS ADVANCES:**
➢   Insert **actual** advances paid from PART II – TOTAL ADVANCE

## PART I:  SAC Conference Request Form: Cover Sheet

The purpose of this form is to provide college staff that are interested in attending a conference with the opportunity to address the expected benefits to our student success and equity work at SAC. We are eager to create a climate for innovation and leadership that makes a difference for both current and future students. By submitting this form you are agreeing to be a resource to SAC colleagues who may ask you to share what you learned in a 1:1 consultation or as part of a Professional Development activity.  You will be listed on SAC's Professional Development website as a resource.  **Note:** This is a required 3 part form.  Part I (Cover Sheet) and Part II (RSCCD Conference Request Claim) are required BEFORE you attend and should be submitted to your supervisor a minimum of 2 weeks before you require a response.  Part III (Conference Report) is required when you return along with your receipts for reimbursement (if any).

| | | |
|---|---|---|
| Name | Department | Date |

_____
Signature

Please describe the specific benefits to student success/equity that you anticipate by taking part in this conference.

_____
_____
_____
_____

How does this conference relate to your department's strategic plan or goals?

_____
_____
_____
_____

Would you be willing to present (or co-present) a mini-workshop on the conference event for colleagues at SAC upon your return?

Yes _____      No _____

Please add any other comments below.

_____
_____
_____
_____

## The RSCCD Conference Request Form must be attached.

7/1/16 Update

# CONFERENCE REQUEST CLAIM
*COMPLETE THIS FORM BEFORE ATTENDING ( SEE INSTRUCTION ON BACK)*

**RESET**

_____ / _____ / _____
Employee Name       Employee No.       Request Date

Accounts Numbers: _____ Dept/Location: _____ / _____ Tel. No.:_____ - ____ - ____

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## PART I : REQUEST FOR APPROVAL/APPROVED ESTIMATED EXPENSES

_____ / _____
Title of Conference/Seminar       Dates of Attendance/Travel

_____ / _____
Location (City/State)       Sponsoring Organization

Briefly narrate purpose of Conference/Seminar and benefits to District: _____

_____ / _____

Requestor's Signature

| ESTIMATE EXPENSES | | | | | APPROVED ESTIMATED EXPENSE |
|---|---|---|---|---|---|
| | | | | | ( to be completed by administrator) |
| | | | | | TOTAL APPROVED ESTIMATED EXPENSES |
| Transportation | $ _____ | Meal | $ _____ | | |
| Registration | $ _____ | Other | $ _____ | | $ _____ |
| Lodging | $ _____ | | | | |
| | | **TOTAL: $** _____ | | | |

Signature of Administrator/Manager

_____ _____ _____
Date of Board Approval (if required)     Signature of Chancellor, Vice Chancellor or President     Date

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## PART II: REQUEST FOR ADVANCES *(submit requisition and 2 photocopies - see instructions)*

(1) Transportation _____ $ _____
(2) Registration Fee (payee) _____ $ _____
(3) Lodging (payee) _____ $ _____
(4) Cash Advance (payee) _____ $ _____
     **TOTAL ADVANCE: must not exceed 75% of Total Approved Estimated Expense** $ _____

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## PART III: ACTUAL EXPENSE REPORT/CLAIM FOR REIMBURSEMENT
Complete & submit original Conf. Req. Claim Form to Accts Payable after attendance

(1) Transportation *(attach receipt)* _____ Air _____ Rail _____ Bus   **1.** $ _____
    Auto: *(not to exceed plane fare)* _____ to _____
               *(odometer readings)*
         ***TOTAL MILES*** _____ x * $ 0.58 =    $ _____

(2) Registration Fee *(attach receipt)* ................................................................ **2.** $ _____

(3) Lodging *(attach receipt/exclude phone calls; parking)* ................................................ **3.** $ _____

(4) Meals

| Date | Breakfast | Lunch | Dinner | TOTALS |
|---|---|---|---|---|
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |

                     **TOTAL MEALS**   **4.** $ _____

(5) Other Expenses    $ _____    $ _____
    *(Itemize and attach receipts)* _____ _____
             _____ _____
                 **TOTAL OTHER EXPENSE**  **5.** $ _____

        **TOTAL EXPENSE** *(not to exceed Approved Estimated Amount)*    $ _____

(6) Less Advances: (see PART II) ................................................................ **6.** $ _____

     **AMOUNT DUE RSCCD** *(Total Advances exceed Total Expenses)*/
     **AMOUNT DUE CLAIMANT** *(Total Expenses exceed Total Advances)*    $ _____

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

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Claimant Signature:_____ Direct Supervisor Signature:_____ Date:_____

Mileage rate effective January 2019

# RANCHO SANTIAGO
## Community College District

2323 North Broadway, Santa Ana, CA 92706-1640 ● (714)480-7494 ● Fax: (714)796-3939

## HOTEL/MOTEL TRANSIENT OCCUPANCY TAX WAIVER
## Exemption Claim for Government Agency

| Employee Name | Job Title |
|---|---|
| Other Traveler Name(s), If Applicable | |
| Hotel/Motel Name | Address |
| Check-In Date | Check-Out Date |

This form serves to verify that I, the undersigned, am an officer or employee of Rancho Santiago Community College District (RSCCD), a political subdivision of the State of California. The charges for the occupancy at the above establishment on the dates set forth have been, or will be, paid by such governmental agency, and such charges are incurred in the performance of my official duties as an official or employee of the district.

I hereby declare, under penalty of perjury, that the foregoing statements are true and correct.

_____          _____
Employee Signature                                        Signature Date

| **INSTRUCTIONS TO EMPLOYEE:** | Please complete this form and present to the hotel/motel at the time of registration or reservation. |
|---|---|
| **INSTRUCTIONS TO HOTEL/MOTEL:** | Please retain this for your files in order to substantiate your tax report. |

IMPORTANT INFORMATION
FOR HOTEL/MOTEL REPRESENTATIVES

*California Transit Occupancy Tax Exemption:* California Revenue and Taxation Code 7280 allows political subdivisions such as Rancho Santiago Community College District to elect exemption from the local occupancy tax for any employee or officer of the district while the officer/employee is on official business for the District.

![Santa Ana College logo] **SANTA ANA COLLEGE**

# PART III: SAC Conference Summary

Name: _____

Date: _____

Conference Title: _____

Conference Sponsoring Organization:_____

| Conference Description |
| --- |
| |

| **Summary – One Full Page:** Please describe the benefits to Student Success & Equity that you gained by participating in this event. How will you disseminate/share this information with your SAC colleagues? |
| --- |
| |