



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT



Office of Business Services

Conference Leave: Expense Claim Form

Social security number / W #: _____

Name: _____

(Last)

(First)

(MI)

Address: _____

Conference title: _____

(Note: please do not use abbreviations in form)

Date(s) Attended Conference: _____ Location (City, State): _____

Claim forms must be received by the Business Office no later than the tenth day of the month following the month in which the conference was attended.

Complete all appropriate items. If additional space is required, use additional forms. Refer to Board Policy 4070 for procedure governing submission of claims.

1. Receipts must be attached for all expenses.
2. Reimbursements cannot be made for expenses itemized as tips or gratuities.
3. Conference expense claims must reflect expenses of the individual only.
4. Record conference mileage on this form.

Submit original and two copies to your Department Administrator for approval. Retain a copy for your records and staple all receipts to the claim form.

Date	Miles Traveled	Lodging	Meals	Registration	Other Expenses (Telephone, Taxi, Parking, Mass Transit, Etc.)		Daily Total
/ /		\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ \$ \$	\$
/ /		\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ \$ \$	\$
/ /		\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ \$ \$	\$
/ /		\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ \$ \$	\$
/ /		\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ \$ \$	\$
Total Miles:		@ _____ ¢ per mile				Total Daily Expenses:	\$

Public Transportation: From: _____ To: _____ Via: _____ One-Way Two-Way

I certify that the above itemized claim represents actual and necessary expenses incurred by me while on authorized school business for

the purposes stated above.

Employee signature: _____ Date: ____/____/____

APPROVED: DEPARTMENT ADMINISTRATOR: _____

EXAMINED AND ALLOWED: DISTRICT BUSINESS OFFICE: _____

CHARGED TO EXPENDITURE ACCOUNT NUMBER: _____

Cost of Transportation: \$

Subtotal: \$

Less Advances: -\$

Less P-Card: -\$

Expense Limit: \$ _____ Total Claim: \$