

CONFERENCES

AN OVERVIEW OF THE PROCESS

BY: THOMAS ROTHMAN, ALESIA HIGH, AND SUI SONG

STEP 1: CONFERENCE LEAVE REQUEST FORM

PURPOSE

TO REQUEST APPROVAL TO LEAVE CAMPUS FOR COLLEGE-RELATED TRAVEL.

GENERAL FLOW OF PAPERWORK

1. EMPLOYEE FILLS OUT LEAVE REQUEST FORM.
 1. ADDITIONAL BACKUP MAY BE REQUIRED BY YOUR SUPERVISOR.
2. SUBMIT THE REQUEST TO YOUR IMMEDIATE SUPERVISOR. REQUEST IS FORWARDED UP TO VP LEVEL FOR APPROVAL.
3. VP'S OFFICE SUBMITS REQUEST TO ADMINISTRATIVE SERVICES (BUSINESS OFFICE).
4. BUSINESS OFFICE OBTAINS PRESIDENT'S SIGNATURE.
5. COPY IS EMAILED TO EMPLOYEE, AND ANYONE ELSE WRITTEN TO CC, WITH AN ASSIGNED CONFERENCE NUMBER (C-NUMBER).

IMPORTANT NOTES

- **WET SIGNATURES ONLY**
- PLAN AHEAD – DON'T INCUR CHARGES UNTIL CONFERENCE REQUEST IS APPROVED
- **OUT-OF-STATE TRAVEL:**
 - REQUIRES CHANCELLOR'S SIGNATURE (OBTAINED BY BUSINESS OFFICE)
 - TRAVEL BANNED STATES* REQUIRE JUSTIFICATION LETTER
- **OUT-OF-COUNTRY TRAVEL** MUST GO TO BOARD FOR APPROVAL

*BANNED STATES (PER AB 1887): ALABAMA, KANSAS, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, SOUTH DAKOTA, TENNESSEE, TEXAS, AND OKLAHOMA

STEP 1: CONFERENCE LEAVE REQUEST FORM (CONT.)

1. STAFF MEMBER(S): ONE EMPLOYEE PER FORM.

2. DATE(S): SHOULD INCLUDE THE ACTUAL CONFERENCE DATES AS WELL AS THE DATES WHEN THE EMPLOYEE IS TRAVELING TO AND FROM THE CONFERENCE.

3. LOCATION: LIST CITY AND STATE.

4. ESTIMATED COST: ENTER THE ESTIMATED COST OF ALL EXPECTED EXPENSES. INCLUDE BACKUP WHENEVER POSSIBLE. IF NONE, ENTER ZERO (0).

1. IF YOU ARE CONSIDERING DRIVING, PLEASE PRINT A GOOGLE MAP AT LEAST 15 DAYS PRIOR TO TRAVELING. YOUR MAP MUST BE FROM LPC TO YOUR DESTINATION. USE THE "RECOMMENDED TRAVEL MODE" TO COMPARE THE COST OF DRIVING VS. FLYING (THIS MODE SHOWS THE

AVERAGE COST TO FLY TO YOUR DESTINATION). PER AP 7400, DRIVING IN LIEU OF FLYING CANNOT EXCEED THE COST OF AIRFARE PLUS GROUND TRANSPORTATION.

5. DIVISION BUDGET: IF THERE IS A COST TO THE COLLEGE, THE FOAP (FUND-ORG-ACCT-PRGM) MUST BE ENTERED. IF NO COST, CHECK "NO."

1. IF MULTIPLE FUNDING SOURCES, LIST EACH FOAP AND INDICATE THE AMOUNT OR PERCENTAGE TO CHARGE TO EACH FOAP (E.G. 50% EACH OR \$1500).

6. MAX REIMBURSEMENT: IF THERE IS A LIMIT TO BE REIMBURSED, PLEASE ENTER THE AMOUNT IN THE BOX.





CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Business Services
Conference Leave: Request Form



(1) Staff member(s):

Conference title:

(Note: please do not use abbreviations in form)

(2) Date(s): (3) Location:

Sponsoring group:

Purpose and contribution to Chabot-Las Positas Community College District?

(Please indicate any official position held which requires or makes desirable your attendance)

(4) Estimated total cost of attendance, including transportation: \$

List dates and classes requiring substitutes:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Signature: Date:

Reimbursement for expenses for conference and meeting attendance – see Administrative Procedure (AP) 7400.

FOR OFFICE USE

Approval:

Division Dean signature: Date:

Vice Pres. or Vice Chancellor signature: Date:

President / Chancellor signature: Date:

(5) Cost is chargeable to division budget:

- Yes : (labor distribution account)
- No
- No cost to District

(6) Maximum total reimbursement allowed:

- Actual and necessary expenses
- Limited to \$

Routing: Original – Business office Copies: Academic Services
 Division office
 Staff member(s)

Reference: Article 29E.3 – Faculty Collective Bargaining Agreement

Reset

More



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Business Services
Conference Leave: Request Form



(1) Staff member(s):

Conference title:

(Note: please do not use abbreviations in form)

(2) Date(s): (3) Location:

Sponsoring group:

Purpose and contribution to Chabot-Las Positas Community College District?

(Please indicate any official position held which requires or makes desirable your attendance)

(4) Estimated total cost of attendance, including transportation: \$ 3,000.00

List dates and classes requiring substitutes:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Signature: Date:

Reimbursement for expenses for conference and meeting attendance – see Administrative Procedure (AP) 7400.

FOR OFFICE USE

Approval:

Division Dean signature: Date:

Vice Pres. or Vice Chancellor signature: Date:

President / Chancellor signature: Date:

(5) Cost is chargeable to division budget:

- Yes : (labor distribution account)
- No
- No cost to District

(6) Maximum total reimbursement allowed:

- Actual and necessary expenses
- Limited to \$

Routing: Original – Business office Copies: Academic Services
 Division office
 Staff member(s)

Reference: Article 29E.3 – Faculty Collective Bargaining Agreement

Reset

STEP 2: CASH ADVANCE (OPTIONAL)

PURPOSE

TO REQUEST AN ADVANCE OF FUNDS TO PREVENT OR REDUCE THE AMOUNT OF OUT-OF-POCKET EXPENSES.

GENERAL FLOW OF PAPERWORK

1. EMPLOYEE FILLS OUT REQUEST.
2. ATTACH COPY OF **APPROVED*** LEAVE REQUEST WITH THE FORM.
3. SUBMIT FORM TO THE BUSINESS OFFICE.

*AN APPROVED LEAVE REQUEST INCLUDES SIGNATURES UP TO THE PRESIDENT LEVEL (CHANCELLOR LEVEL FOR OUT-OF-STATE) AND HAS AN ASSIGNED C-NUMBER. A COPY IS EMAILED TO THE EMPLOYEE ONCE APPROVED.

IMPORTANT NOTES

- PLAN AHEAD AND SUBMIT EARLY.
- THIS FORM CAN BE SUBMITTED ALONG WITH THE LEAVE REQUEST.
- **ACCOUNT NUMBER:** THE SAME FOAP ENTERED ON THE LEAVE REQUEST.
- **AMOUNT:** MAY NOT EXCEED THE ESTIMATED COST.
- VP SIGNATURE IS NOT REQUIRED UNLESS AMOUNT REQUESTED EXCEEDS ESTIMATED COST.
- KEEP ALL RECEIPTS – MUST BE SUBMITTED TO CLOSE OUT THE ADVANCE WITH THE EXPENSE CLAIM.
- IF THE ADVANCE IS UNDERSPENT (TOTAL CLAIM IS A NEGATIVE NUMBER), YOU MUST RETURN THE UNSPENT FUNDS VIA CASH OR CHECK.

LAS POSITAS COLLEGE

REQUEST FOR CASH ADVANCE

Submit completed form to LPC Administrative Services Office one month prior to the date the funds are required.

TODAY'S DATE: DATE REQUIRED: AMOUNT: \$

Request must be received by District Controller no less than 21 days prior to when funds are required.

ACCOUNT NUMBER:

PRINT NAME: W# :

ADDRESS: CITY/ST/ZIP

SIGNATURE: CHECK DISBURSE TO: CAMPUS MAILBOX OTHER:

If advance is for a conference, complete the following. Attach a copy of approved conference request.

CONFERENCE DATE: ASSIGNED CONFERENCE #: C

You must file a conference expenses claim to close out this advance. Attach a photocopy of this completed form to the conference expense claim with a check to reimburse any unspent funds.

If this is not for a conference, state reason for advance. Get appropriate Vice President approval.

REASON FOR ADVANCE :

APPROVAL/SIGNATURE : Vice President's Signature Print Name

You must file a Conference Expense Claim to close out this advance. Attach receipts and photocopy of this completed advance from with a check to reimburse any unspent funds.

To be completed by campus Administrative Services Office

APPROVAL/SIGNATURE VP ADMINISTRATIVE SERVICES:

TODAY'S DATE:

LAS POSITAS COLLEGE

REQUEST FOR CASH ADVANCE

Submit completed form to LPC Administrative Services Office one month prior to the date the funds are required.

TODAY'S DATE: 9/30/19 DATE REQUIRED: 10/28/19 AMOUNT: \$ 300.00

Request must be received by District Controller no less than 21 days prior to when funds are required.

ACCOUNT NUMBER: 103001-31100-5220-671000 (SAMPLE ONLY)

PRINT NAME: Thomas Rothman W# : 10#####

ADDRESS: Home Address CITY/ST/ZIP Livermore, CA

SIGNATURE: CHECK DISBURSE TO: CAMPUS MAILBOX OTHER:

If advance is for a conference, complete the following. Attach a copy of approved conference request.

CONFERENCE DATE: 11/4/19 - 11/6/19 ASSIGNED CONFERENCE #: c 20-405

You must file a conference expenses claim to close out this advance. Attach a photocopy of this completed form to the conference expense claim with a check to reimburse any unspent funds.

If this is not for a conference, state reason for advance. Get appropriate Vice President approval.

REASON FOR ADVANCE :

APPROVAL/SIGNATURE : Vice President's Signature Print Name

You must file a Conference Expense Claim to close out this advance. Attach receipts and photocopy of this completed advance from with a check to reimburse any unspent funds.

To be completed by campus Administrative Services Office

APPROVAL/SIGNATURE VP ADMINISTRATIVE SERVICES:

TODAY'S DATE:

STEP 3: DISBURSEMENT REQUEST (OPTIONAL)

PURPOSE

TO DIRECT-PAY A VENDOR IN LIEU OF PAYING THE EXPENSE OUT-OF-POCKET.

GENERAL FLOW OF PAPERWORK

1. EMPLOYEE FILLS OUT FORM & INCLUDES RELEVANT BACKUP (E.G. REGISTRATION CONFIRMATION, INVOICE, HOTEL BILL, ETC.).
2. SUBMIT YOUR REQUEST TO YOUR IMMEDIATE SUPERVISOR. REQUEST IS FORWARDED UP TO VP LEVEL FOR APPROVAL.
3. VP'S OFFICE SUBMITS REQUEST TO ADMINISTRATIVE SERVICES (BUSINESS OFFICE).

IMPORTANT NOTES

- USE THIS FORM TO DIRECT-PAY SOME EXPENSES (E.G. REGISTRATION, HOTEL, ETC.).
- BACKUP MUST BE INCLUDED WITH THE FORM:
 - **REGISTRATION:** ATTACH COPY OF REGISTRATION CONFIRMATION WITH COST.
 - **HOTEL:** ATTACH COPY OF HOTEL CONFIRMATION WITH COST BREAKDOWN (BE SURE TO GET FINAL HOTEL BILL WHEN YOU CHECK OUT!).
- BE SURE TO INCLUDE YOUR ASSIGNED CONFERENCE NUMBER IN THE DESCRIPTION (E.G. C20-204).
- THE BUDGET STRING ENTERED ON THE FORM SHOULD BE CONSISTENT WITH THE LEAVE REQUEST.

LAS POSITAS COMMUNITY COLLEGE DISBURSEMENT REQUEST

Please Check One Box

Co-Curricular ASB General/Restricted Fund

Make check payable to _____
 Vendor/W No. or SSN: _____
 Vendor Name _____
 Address _____
 City, State, Zip _____

Date Received By Business Services

Please Check One Box

Invoice Attached Receipts Attached
 Scholarship Donation Advance (Not Available for District Clearing)

Organization / Club Name / Division

Description of Product or Event	Amount
Check Total	\$ -

Account Number to be Charged:				Amount
-	-	-	-	\$0.00
Fund	Organization	Account	Program Code	
-	-	-	-	
Fund	Organization	Account	Program Code	

Date Required: _____ Check Disposition: _____
 (E.g., delivery, pick up, mailing instructions, etc.)

Return Copy of Disbursement to: _____

Requestor _____ DATE _____ Division/Department Dean _____ DATE _____
 Coordinator/Director/Manager _____ DATE _____ Vice President or President _____ DATE _____

Business Services Use Only

Reviewed By: _____ Check Number: _____
 Approved By: _____ Date: _____
Vice President of Business Services

Payment Method: _____ Document Number: _____

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LAS POSITAS COMMUNITY COLLEGE DISBURSEMENT REQUEST

Please Check One Box

Co-Curricular ASB General/Restricted Fund

Make check payable to: Eventbrite, Inc.
 Vendor/W No. or SSN: _____
 Vendor Name Eventbrite, Inc.
 Address 155 5th Street
 City, State, Zip San Francisco, CA 94103

Date Received By Business Services

Please Check One Box

Invoice Attached Receipts Attached
 Scholarship Donation Advance (Not Available for District Clearing)

Administrative Services
 Organization / Club Name / Division

Description of Product or Event	Amount
Registration for Title 9 Conference for Thomas Rothman (C20-405)	\$ 1,950.00
Check Total	\$ 1,950.00

Account Number to be Charged:				Amount
103001	31100	5220	671000	\$1,950.00
Fund	Organization	Account	Program Code	
-	-	-	-	
Fund	Organization	Account	Program Code	

Date Required: 10/31/2019 Check Disposition: Mail to vendor
 (E.g., delivery, pick up, mailing instructions, etc.)

Return Copy of Disbursement to: Sui Song

Requestor _____ DATE _____ Division/Department Dean _____ DATE _____
 Coordinator/Director/Manager _____ DATE _____ Vice President or President _____ DATE _____

Business Services Use Only

Reviewed By: _____ Check Number: _____
 Approved By: _____ Date: _____
Vice President of Business Services

Payment Method: _____ Document Number: _____

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STEP 4: CONFERENCE EXPENSE CLAIM

Field	Required	Note
Mileage	Google Maps	From LPC to destination – not home address. Mileage driven via personal vehicle only. Taxis/rideshares recorded under Other Expenses.
Lodging	Hotel Bill	Separate charges by day. Exclude parking & food.
Meals	Food Receipts	Itemized, with proof of payment. No reimbursement for alcohol or family's meals. Tips should be reasonable (not to exceed 20%).
Registration	Confirmation Receipt	Name, cost, and proof of payment should be indicated on the receipt/confirmation.
Transportation	Flight Receipt	Record your flight under <i>Public Transportation</i> and the total cost of your flight under <i>Cost of Transportation</i> .
Other Expenses	Receipts	Record all additional expenses here, such as parking (no valet), taxi/rideshare, Bart, bridge tolls, rental car, etc.

IMPORTANT:

Include all expenses incurred on this conference on the expense table. Expenses paid via a Cash Advance (“Less Cash Advance”), Disbursement Request (“Less Disb. Request”), or P-Card (“Less P-Card”) should also be recorded in its respective “Less” field.

STEP 4: CONFERENCE EXPENSE CLAIM (CONT.)

EXPENSE CLAIMS MUST HAVE:

- ORIGINAL, ITEMIZED RECEIPTS SHOWING (1) VENDOR NAME, (2) ITEMS & COST, (3) PROOF OF PAYMENT;
 - IF A RECEIPT IS LOST, YOU CAN USE THE DISTRICT'S MISSING RECEIPT FORM (SUBMIT TO VICE CHANCELLOR OF BUSINESS SERVICES BEFORE SUBMITTING EXPENSE CLAIM);
 - RECEIPTS MUST BE TAPED TO A FULL-PAGE PAPER, NOT STAPLED;
- THE FULL FOAP TO INDICATE FUNDING SOURCE;
- ALL EXPENSES RECORDED ON THE CLAIM THAT RESULTED FROM THE CONFERENCE;
- THE ASSIGNED CONFERENCE NUMBER WRITTEN ON THE TOP-LEFT (E.G. C20-405);
- THE EMPLOYEE, DEAN, AND VP'S SIGNATURES
- ALL RELEVANT BACKUP PERTAINING TO CONFERENCE

HELPFUL INFORMATION:

- TO CALCULATE MILEAGE, PRINT OUT A GOOGLE MAP FROM LPC TO YOUR DESTINATION. USE THE  "RECOMMENDED TRAVEL MODE" OPTION AS THIS LISTS THE DISTANCE TO DRIVE AND THE AVERAGE COST OF FLIGHTS.
- ASK FOR INDIVIDUAL MEAL RECEIPTS IN GROUP ORDERS WHENEVER POSSIBLE. IF YOU PAY FOR OTHER APPROVED EMPLOYEES, LIST THEIR NAMES NEXT TO THE RECEIPT.
- KEEP ALL RECEIPTS TOGETHER IN A SECURE LOCATION TO REDUCE DELAYS WITH YOUR REIMBURSEMENT.
- FOR LODGING, FULL PER DIEM RATES ARE ALLOWED FOR UP TO ONE DAY BEFORE THE CONFERENCE AND ONE DAY AFTER THE CONFERENCE, IF WARRANTED BY AN EARLY START OR LATE FINISH SCHEDULE OF THE CONFERENCE.



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT



Office of Business Services

Conference Leave: Expense Claim Form

Conference Number: C20-

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 7400 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
/ /	\$ 0.00	\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ 0.00
/ /	\$ 0.00	\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ 0.00
/ /	\$ 0.00	\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ 0.00
/ /	\$ 0.00	\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ 0.00
/ /	\$ 0.00	\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ 0.00

Total Miles:	0	@ .575 ¢ per mile = \$ 0.00	Total Daily Expenses:	\$ 0.00
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Public Transportation: From: To: Via: (Flight Only) 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:	\$ 0.00
Less Advances:	-\$
Less P-Card:	-\$
Expense Limit: \$	Total Claim: \$ 0.00

Reset



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT



Office of Business Services

Conference Number: C20-405

Conference Leave: Expense Claim Form

Social security number / W #: W10XXXXXX

Name: Rothman Thomas D
(Last) (First) (MI)

Address: Home Address, Livermore, CA 94551

Conference title: T9 Mastered: Investigating Title IX Complaints
(Note: please do not use abbreviations in form)

Date(s) Attended Conference: 11/4/19 - 11/6/19 Location (City, State): Pasadena, CA

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 7400 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
11 / 3 / 19	99.3 \$ 57.59	\$ 206.20	B \$ 35.87 L \$ 27.45 D \$	\$ 1,950.00	Airport parking \$ 10.00 Ride: airport to hotel \$ 23.41 \$	\$ 2,310.52
11 / 4 / 19	\$ 0.00	\$ 206.20	B \$ 48.00 L \$ 7.17 D \$	\$	Airport parking \$ 10.00 \$ \$	\$ 271.37
11 / 5 / 19	\$ 0.00	\$ 206.20	B \$ 29.26 L \$ D \$	\$	Airport parking \$ 10.00 \$ \$	\$ 245.46
11 / 6 / 19	99.3 \$ 57.59	\$	B \$ 9.73 L \$ D \$	\$	Ride: hotel to airport \$ 21.95 Airport parking \$ 10.00 \$	\$ 99.27
/ /	\$ 0.00	\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ 0.00

Total Miles: 198.6 @ .58 ¢ per mile = \$ 115.19

Public Transportation: From: Sacramento To: Burbank Via: Southwest 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: 11 / 11 / 2019

APPROVED: _____ DEPARTMENT ADMINISTRATOR: _____
 EXAMINED AND ALLOWED: _____ DISTRICT BUSINESS OFFICE: _____
 CHARGED TO EXPENDITURE ACCOUNT NUMBER: 103001-31100-5220-671000

Total Daily Expenses:	\$ 2,926.63
Cost of Transportation:	\$ 78.98
Subtotal:	\$ 3,005.61
Less Advances:	-\$ (300.00)
Less Disb. Request/P-Card:	-\$ (2,647.58)
Expense Limit: \$ _____ Total Claim:	\$ 58.03

Reset



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Office of Business Services

Conference Leave: Expense Claim Form



Conference Number: C20-405

Social security number / W #: W10XXXXXX

Name: Rothman Thomas D
(Last) (First) (MI)

Address: Home Address, Livermore, CA 94551

Conference title: T9 Mastered: Investigating Title IX Complaints

(Note: please do not use abbreviations in form)

Date(s) Attended Conference: 11/4/19 - 11/6/19 Location (City, State): Pasadena, CA

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 7400 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
11 / 3 / 19	99.3 \$ 57.59	PC \$ 206.20	B \$ 35.87 L \$ 27.45 D \$	DR \$ 1,950.00	Airport parking \$ 10.00 Ride: airport to hotel \$ 23.41	\$ 2,310.52
11 / 4 / 19	\$ 0.00	PC \$ 206.20	B \$ 48.00 L \$ 7.17 D \$	\$	Airport parking \$ 10.00	\$ 271.37
11 / 5 / 19	\$ 0.00	PC \$ 206.20	B \$ 29.26 L \$ D \$	\$	Airport parking \$ 10.00	\$ 245.46
11 / 6 / 19	99.3 \$ 57.59	\$	B \$ 9.73 L \$ D \$	\$	Ride: hotel to airport \$ 21.95 Airport parking \$ 10.00	\$ 99.27
/ /	\$ 0.00	\$	B \$ L \$ D \$	\$	\$	\$ 0.00

Total Miles: **198.6** @ .58 ¢ per mile = \$ 115.19

Public Transportation: From: Sacramento To: Burbank Via: Southwest 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: [Signature] Date: 11 / 11 / 2019

APPROVED: DEPARTMENT ADMINISTRATOR: _____

EXAMINED AND ALLOWED: DISTRICT BUSINESS OFFICE: _____

CHARGED TO EXPENDITURE ACCOUNT NUMBER: 103001-31100-5220-671000

Total Daily Expenses: \$ 2,926.63

Cost of Transportation: PC \$ 78.98

Subtotal: \$ 3,005.61

Less Advances: -\$ (300.00)

Less Disb. Request/P-Card: -\$ (2,647.58)

Expense Limit: \$ _____ Total Claim: \$ **58.03**

CONFERENCE DOS AND DON'TS

DO:

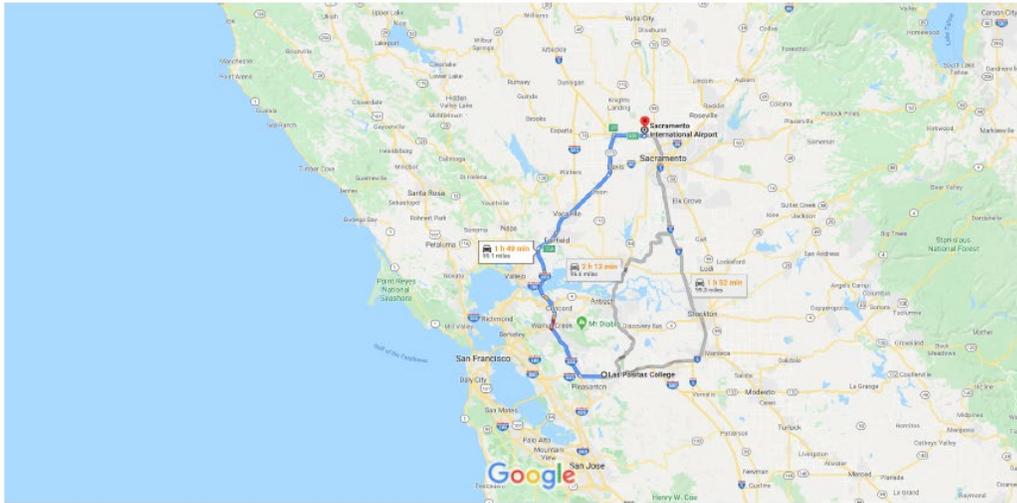
- INCLUDE A COPY OF YOUR APPROVED LEAVE REQUEST, CASH ADVANCE, AND/OR DISBURSEMENT REQUEST WITH YOUR CONFERENCE EXPENSE CLAIM;
- SUBMIT YOUR CLAIM WITHIN 10 DAYS OF THE CONFERENCE;
- INCLUDE ALL EXPENSES INCURRED ON THE CONFERENCE;
- TAPE YOUR RECEIPTS TO A BLANK PIECE OF PAPER (NO STAPLING);
- COMPARE THE COST OF DRIVING VS. FLYING BEFORE LEAVING FOR YOUR CONFERENCE. PER AP 7400, DRIVING IN LIEU OF FLYING CANNOT EXCEED THE COST OF AIRFARE PLUS GROUND TRANSPORTATION.

DON'T:

- INCLUDE YOUR SSN (W NUMBER ONLY);
- INCLUDE RECEIPTS SCREENSHOTTED FROM THE APP/YOUR PHONE. GET RECEIPTS FROM EMAIL/ONLINE WHENEVER POSSIBLE;
- LEAVE THE FOAP BLANK – THE FUNDING SOURCE MUST BE INDICATED ON THE EXPENSE CLAIM;
- FORGET TO GET THE FINAL HOTEL BILL;
- FORGET TO INDICATE EXPENSES PAID VIA CASH ADVANCE, DISBURSEMENT REQUEST, OR P-CARD. BE SURE TO DEDUCT THE COST IN THE APPROPRIATE “LESS” FIELD;
- FORGET TO INDICATE IF THERE IS AN EXPENSE LIMIT.



Las Positas College to Sacramento International Airport Drive 99.1 miles, 1 h 49 min



Map data ©2020 Google 10 mi

via I-680 N and I-80 E **1 h 49 min**
 Fastest route now, avoids crash and slowdown **99.1 miles**
 ⚠️ This route has tolls.

via I-5 N **1 h 52 min**
 Some traffic, as usual **99.3 miles**

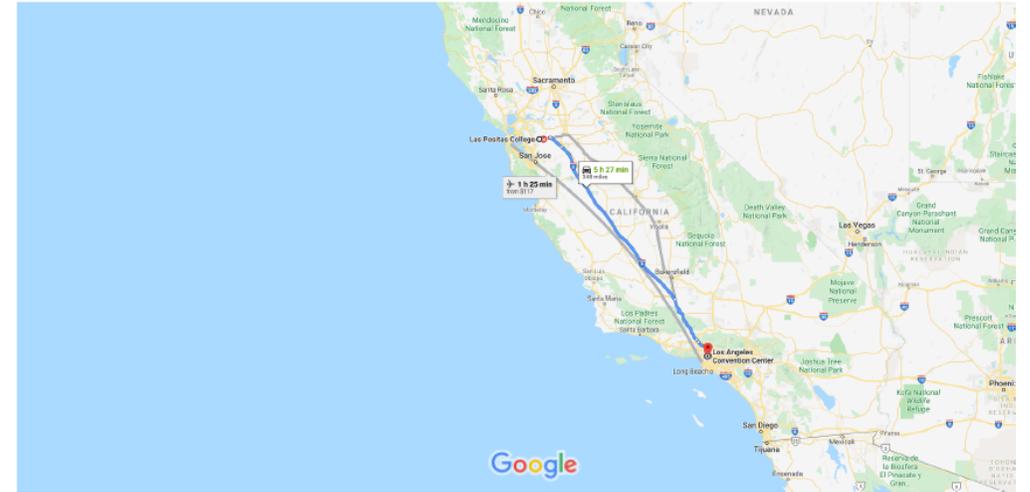
via CA-160 and I-5 N **2 h 12 min**
 Some traffic, as usual **96.6 miles**

Explore Sacramento International Airport

- Restaurants
- Hotels
- Gas stations
- Parking Lots
- More



Las Positas College to Los Angeles Convention Center Drive 348 miles, 5 h 27 min



Map data ©2020 Google, INEGI 50 mi

via I-5 S **5 h 27 min**
 Fastest route, the usual traffic **348 miles**

⚠️ 4:57 PM–2:59 AM (Tuesday) **10 h 2 min**
 > > >
 > > >

San Francisco, CA–Los Angeles, CA **1 h 25 min**
from \$117

Explore Los Angeles Convention Center

- Restaurants
- Hotels
- Gas stations
- Parking Lots
- More

QUESTIONS?

CONTACT:

THOMAS ROTHMAN, *ACCOUNTING TECHNICIAN*

(925) 424-1636

TROTHMAN@LASPOSITASCOLLEGE.EDU