


## Claim for Absence Travel Reimbursement

 <p><b>TAFTCOLLEGE</b> WEST KERN COMMUNITY COLLEGE DISTRICT</p> <p>29 Cougar Court Taft, CA 93268</p>	<p><b>Type of Travel Requested:</b></p> <input type="checkbox"/> Employee Travel <input type="checkbox"/> Virtual Conference <input type="checkbox"/> Field Trip* (Initial Below) <input type="checkbox"/> Student Travel <input type="checkbox"/> Other: _____ <small>*By initialing, I acknowledge each participating student sign and return a Student or Participant waiver prior to trip.</small>	<p><b>Method of Transportation:</b></p> <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Commercial Transportation <input type="checkbox"/> District Vehicle <small>(Please Select Vehicle Preference)</small>	<input type="checkbox"/> #25 Athletic Bus <input type="checkbox"/> #26 Athletic Bus <input type="checkbox"/> #62 15 Passenger Van <input type="checkbox"/> #65 15 Passenger Van <input type="checkbox"/> #71 Malibu <input type="checkbox"/> #68 Minivan/SUV <input type="checkbox"/> #72 Impala <input type="checkbox"/> Charter <input type="checkbox"/> Other: _____
Date of Request	Employee Name / Department		Contact Telephone Number
Event/Purpose		Date(s) of Event	
Destination		Institutional Value	
Date and Time of Departure		Date and Time of Return	
Classes/Hours to Be Missed		Substitute Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	

### FUNDING SOURCE (FOAPAL)

<b>F O A P</b>	<b>Budget Number</b>	<b>Est. Amount</b>	<b>Actual Amount</b>	<b>Budget Supervisor Signature/Approval</b>

#### Estimated Costs

#### Actual Expenses Claimed

	Estimated Costs	Separate PO # Required per Vendor		NOTE: Completed forms need to be submitted to the Business Office within <b>ten (10) days</b> of the completion of the travel even if there were no reimbursable expenses incurred.	Actual Cost	Audit (Office Use Only)
		PO #	Prepay Request *			
Commercial Transportation*				Commercial Transportation		
Lodging + Tax*, #/nights:				Lodging plus tax		
Registration*				Registration		
Mileage <span style="float: right;">Miles</span>				Mileage <span style="float: right;">Miles</span>		
Meals				Meals Total (Itemize Below):		
Other Expenses (Itemized):				Other Expenses Total (Itemize Below):		
				<b>Total Expenses</b>		
				<i>Less Prepayment/Credit Card Charges</i>		
<b>Total Estimated Expenses:</b>				<b>Balance Due:</b>		

#### Pre-Approval Signatures

#### Actual Expenses Claimed

Initiator:	Date:	Initiator:	Date:
Immediate Supervisor:	Date:	Immediate Supervisor:	Date:
Vice President:	Date:	Vice President:	Date:
Superintendent/President:	Date:	Superintendent/President:	Date:

Board of Trustees' Approval Needed     Yes     No

NOTE: Certifying Signature confirms the initiator is entitled to the expenses claimed based on WKCCD Policy/Procedure. Superintendent/President does not need to certify final expenses unless an exception to policy is being made.

### ITEMIZED ACTUAL EXPENSES

#### Per Diem Meal Data

#### Itemized Other Expenses

Date	Breakfast \$13.00	Lunch \$15.00	Dinner \$20.00	Audit (Office Use Only)	Description	Actual Cost	Audit (Office Use Only)