



COLTON-REDLANDS-YUCAIPA ROP Per Diem Advance Request Form

Employees may request a per diem advance not to exceed 80% of the daily allowance for anticipated expenses as noted in AR3350(c). The per diem travel reimbursement allocation of \$56 is calculated as outlined in Federal Travel Regulations. The maximum per diem advance is \$44.80. Per diem advance requests must be indicated on the Travel Request/Claim Form #G-100. Advance requests require processing time of two weeks prior to travel date. Advance requests made less than two weeks prior to travel date may be denied.

Advance Request

Per diem allocation calculations must deduct for conference/event provided meals.* Per diem advance requests must match the calculations on the Travel Request/Claim Form #G-100.

Use the table below to calculate requested advance amounts.

| Date | Breakfast per diem advance max \$7.20 | Lunch per diem advance max \$10.40 | Dinner per diem advance max \$23.20 | Total per diem advance max \$44.80 |
|------|--|---------------------------------------|--|---------------------------------------|
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Total advance requested: _____

Advance Reconciliation

Advance reconciliation will be calculated on the Travel Request/Claim Form #G-100. All claims and advances must be reconciled within 7 days of return from event, and must reflect:

- Advance payments previously processed
- Original itemized receipts – ***Lost receipts will not be reimbursed and will be deducted from advance***
- Conference/meeting/event information showing location, times, and meals provided

If the advance exceeds actual expenses as documented by original receipts (Ed Code 44032), the employee must reimburse CRY-ROP the excess amount within 15 days of return. Failure to reimburse excess advance funds will result in a debt to CRY-ROP and may result in a payroll deduction. Future advances will be denied until all previous claims have been resolved.

Name: _____ Position: _____ Location: _____

Name of Inservice/Business Conference: _____

Where Meeting is to be held: _____ Travel Dates: _____

I have read and agree to all policies/instructions provided. I certify that the per diem advance is for actual and necessary travel expenses incurred for CRY-ROP purposes and in accordance with the Education Code of the State of California.

Signature: _____ Date: _____

**Note: If a meal is offered as part of a conference and the employee has medical restrictions, the employee should make every effort to request the conference facilitate his/her needs. If the conference/event does not honor the request, the employee is not required to deduct the applicable meal allowance from the per diem; however, the employee must include documentation of the medical restrictions with the advance request.*