



**COLTON-REDLANDS-YUCAIPA ROP
Travel Request/Claim Form**

| | |
|----------------------------------|----------|
| Submission to Board for Approval | |
| _____ | _____ |
| Date | Initials |

Date Submitted: _____

Name: _____ Position: _____ Location: _____

Name of Inservice/Business Conference _____

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

Justification: _____

REQUEST TO ATTEND

Estimated Cost of Attendance:

| | |
|-------------------------------|----------|
| Meals (calculated on page 2)* | \$ _____ |
| Mileage | \$ _____ |
| Transportation | \$ _____ |
| Lodging | \$ _____ |
| Registration | \$ _____ |
| Sub [# of days _____] | \$ _____ |
| Total Estimated Cost: | \$ _____ |

*Reimbursed meals without overnight lodging will be included on your W-2.

I have read and agree to the instructions on page 2 of this form.

Signature: _____ Date: _____

Approval to Attend:

Supervisor: _____ Date: _____

Superintendent: _____ Date: _____
(>\$300)

Business Svcs: _____ Date: _____

Request for Per Diem advance, not to exceed 80% of anticipated expense. Employee must submit a Per Diem Advance Request Form 2 weeks prior to travel date.

Waiver of Employee Expenses & Hold Harmless Statement

Upon approval of this request, I agree to attend the activity herein described at my own expense except as noted otherwise; further, I accept full responsibility for all my acts in attending said activity and hold the CRY-ROP harmless from any and all liability whatsoever. Initials: _____

REIMBURSEMENT REQUEST

To be completed within 7 days of return
(see guidelines for reimbursement on page 2)

Requisition No. _____

Receipts required for all reimbursements. Please attach both the itemized and proof of payment receipts.

Automobile Mileage:

_____ @ _____ per mile \$ _____

Public Carrier: plane, train or bus

\$ _____

Taxi/bus fares, parking, toll road:

List destination: i.e., airport to hotel, etc.

Hotel:

Room _____ @ _____ per day \$ _____

Other: _____ \$ _____

Meals: (calculated on page 2)

The maximum reimbursable tip allotment is 20% of the before tax bill and is part of your total per diem meal allocation.

Registration: \$ _____

Incidentals: \$ _____

Per Diem Advance Enter negative (-) value : \$ (_____)
(to be deducted from total due)

Total Due Employee: \$ _____

I certify that the above are actual and necessary travel expenses incurred for CRY-ROP purposes and in accordance with the Education Code of the State of California.

Signature: _____ Date: _____

Supervisor: _____ Date: _____

Business Svcs: _____ Date: _____

INSTRUCTIONS FOR Travel Request/Claim Form

1. An employee requesting approval for attendance to a conference/meeting must submit a "Travel Request/Claim Form" no later than five weeks prior to attendance in order to insure Board approval prior to the meeting date. Please submit any conference/meeting brochures along with this form to your supervisor for approval. Travel must be pre-approved by your immediate supervisor/program manager, Business Services, and the Superintendent (if total cost is greater than \$300.00).
2. The per diem travel reimbursement allocation of \$56.00 is calculated as outlined in the Federal Travel Regulation as outlined below. Meals included in the conference/meeting registration must be deducted from the per diem allocation. **Itemized and proof of payment receipts are required for all reimbursements.**

A. Per Diem Meal Allocation

| | | | |
|-----------|---|---------------|-----------|
| # of Days | X | Per Diem Rate | |
| | X | \$56.00 | Sub Total |
| | | | \$ |

Select the meal(s) that are included in the conference/meeting registration.

| Date | Breakfast | Lunch | Dinner | Sub Total |
|------|-----------|--------|--------|-----------|
| | -9.00 | -13.00 | -29.00 | |
| | -9.00 | -13.00 | -29.00 | |
| | -9.00 | -13.00 | -29.00 | |
| | -9.00 | -13.00 | -29.00 | |
| | -9.00 | -13.00 | -29.00 | |

B. Partial-day Meal Allocation

Partial days are days where the employee leaves the CRY-ROP office (home) after 7:30am or returns prior to 6:30pm. Breakfast will be reimbursed if departure from home is prior to 6:30am. Dinner will be reimbursed if travel from conference is after 5:00pm and return to home is after 7:00pm. Lunch is not reimbursed unless approved. (Admin Reg. #3350)

| | Date | Breakfast \$9.00 | Lunch \$13.00 | Dinner \$29.00 | Incidentals* \$5.00 | Sub Total |
|-----------|------|---------------------|------------------|-------------------|------------------------|-----------|
| Estimated | | | | | | |
| Actual | | | | | | |

Total Allowance for Meals (transfer total to page 1)

*Incidentals are outlined in the Federal Travel Regulation as: Fees and tips given to porters, baggage carriers, hotel staff, and staff on ships. Incidentals are calculated as part of the full per diem allocation.

3. The left hand side of page 1, "Request to Attend", is used to request approval. The employee will use this side to estimate the anticipated costs associated with attending the conference/meeting. Separate purchase requisitions for transportation, lodging, and registration fees along with conference brochure must accompany this form.
4. The right hand side of page 1, "Reimbursement Request", is to be completed by the employee and resubmitted to the supervisor for reimbursement of actual expenses within 7 days of return from travel. **Itemized and proof of payment receipts must accompany the request for reimbursement.**