

State Center Community College District
TRAVEL OR CONFERENCE REIMBURSEMENT FORM

(Attach T&C Authorization request and receipts; failure to attach these items may delay payment)

NAME	ID#	TITLE OF ACTIVITY	INVOICE # D.O. Use only			
REIMBURSEMENT CHECK ADDRESS	DEPARTED DATE	DEPARTED TIME	<input type="checkbox"/> am <input type="checkbox"/> pm	RETURNED DATE	RETURNED TIME	<input type="checkbox"/> am <input type="checkbox"/> pm

ACTUAL COSTS

District Paid Items (By check or district issued credit card.)

TRANSPORTATION \$	LODGING \$	CONFERENCE \$	OTHER \$	TOTAL DISTRICT PAID EXPENSES \$
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Employee Paid Items (Attach receipts)

DATE	DESCRIPTION	TRANSPORTATION	LODGING	CONF/MEETING	MEALS	OTHER	TOTAL
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
EE PAID TOTALS (Additional expenses, attach an addition form)		\$	\$	\$	\$	\$	\$

CERTIFICATION I hereby certify under penalty of perjury that:

1. The above is an accurate accounting of my travel dates/time and incurred expenses while in travel status.
2. The expenses claimed are not reimbursable to me or the District from any other source.
3. My personal vehicle used for district business has the minimum insurance requirement required by law under the State of California, I carry a valid driver's license, and I am registered under the district's Pull Notice program.

Signature of Employee	Date	Signature of Supervisor	Date
Signature of Finance/Administrative Services	Date		