



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



(Please Print)

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 4070 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
___/___/___		\$ _____	B _____ L _____ D _____	\$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____	
___/___/___		\$ _____	B _____ L _____ D _____	\$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____	
___/___/___		\$ _____	B _____ L _____ D _____	\$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____	
___/___/___		\$ _____	B _____ L _____ D _____	\$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____	
___/___/___		\$ _____	B _____ L _____ D _____	\$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____	
Total Miles:		@ _____ ¢ per mile				Total Daily Expenses:

Public Transportation: From: _____ To: _____ Via: _____ 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 states above. **Employees signature:** _____ **Date:** ___/___/___

APPROVED: DEPARTMENT ADMINISTRATOR: _____
 EXAMINED AND ALLOWED: DISTRICT BUSINESS OFFICE: _____
 CHARGED TO EXPENDITURE ACCOUNT NUMBER: _____

Cost of Transportation:	
Subtotal:	
Less Advances:	
Expense Limit \$_____ Total Claim:	