



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Office of Business Services

Conference Leave: Expense Claim Form

Check Disposition Preference

USPS

ACH

DISTRICT OFFICE

CHABOT

LPC

EDGE

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 AP 7400 for procedure governing submission of claims.

W #: \_\_\_\_\_

Name: \_\_\_\_\_ (Last) (First) (MI)

Home Address: \_\_\_\_\_

Conference title: \_\_\_\_\_ (Note: please do not use abbreviations in form)

Date(s) Attended Conference: \_\_\_\_\_ Location (City, State): \_\_\_\_\_

- 1. Detailed receipts must be attached for all expenses except per diem meals.
2. Conference expense claims must reflect expenses of the individual only.
3. Record conference mileage on this form.
4. Include a copy of the Conference Leave Request form.
5. Include a copy of the Conference Agenda.

Table with columns: Date, Miles Traveled, Lodging, Meals (B, L, D), Registration, Other Expenses (Telephone, Taxi, Parking, Mass Transit, Etc.), Daily Total

Total Miles: @ \_\_\_\_\_ ¢ per mile Total Daily Expenses: \$

I certify that the above itemized claim represents actual and necessary expenses incurred by me while on authorized school business for the purposes stated above. Employee signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED: DEPARTMENT ADMINISTRATOR: \_\_\_\_\_
EXAMINED AND ALLOWED: DISTRICT/COLLEGE BUSINESS OFFICE: \_\_\_\_\_
CHARGED TO EXPENDITURE ACCOUNT NUMBER: (FOAP) \_\_\_\_\_

Summary table with rows: Mileage Costs: \$, Subtotal: \$, Less Advances: -\$ , Less P-Card: -\$ , Expense Limit: \$ \_\_\_\_\_ Total Claim: \$