



CONFERENCE OR MEETING REIMBURSEMENT CLAIM FORM

INSTRUCTIONS

Conference or meeting attendees must complete the "Conference or Meeting Reimbursement Claim Form" to claim reimbursement of conference expenses. To complete the process, use the following steps:

- Complete a separate form for each of the different conferences or meetings you attend.
- Original and detailed receipts must be attached to the claim form for all expenses. Credit card statements or summary receipts are not acceptable.
- All claim forms must be submitted with an original signature (no photocopies).
- Submit the claim form to Accounts Payable within ten business days of attending conference(s) or meeting(s).
- If a request for reimbursement exceeds the authorization amount, a revised Conference or Meeting Reimbursement form must be completed.
- **NOTE**-Necessary expenses will be paid by the District when such plans have been approved in advance by the Superintendent/President and/or Board of Trustees. Reimbursable expenses include; hotel, motel or porter fees, meals, registration fees, taxi, bus, airport, baggage transfer, bus or airport lockers, telephone charges, instructional and conference materials (such as CD Rom, DVD or publications), car rental and parking fees.



CONFERENCE OR MEETING REIMBURSEMENT CLAIM FORM

Section A - Claimant & Event Information								
Employee Name (Last, First, MI)			Ext.	Date of Claim				
Mailing Address (Address, City, State, Zip)								
Conference Name			Dates of Conference					
Conference Location								
Account Number							Total Reimbursement	
Section B - Expenses								
Expenditure	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Accts. Payable
Airfare No. of _____ air miles to Conference Destination								
Mileage (# of miles traveled with private vehicle)								
Mileage Reimbursement – will automatically compute)								
Car Rental								
Registration Fees								
Hotels								
Breakfast								
Lunch								
Dinner								
Incidentals								
Daily Totals								
Less any cash advance received (if applicable)								
Maximum Reimbursement								
I hereby certify that the miles traveled and the amounts claimed are actual, that they were expended in the performance of official college business and that no prior claim has been made for any portion thereof.								
Claimant's Signature						Date		
Section D – Accounts Payable Use Only								
Encumbrance #	Account Number					Amount		

**PLEASE REFER TO "CONFERENCE OR MEETING AUTHORIZATION REQUEST FORM" INSTRUCTIONS
FOR EXPLANATION OF REIMBURSEMENT LIMITS.**