



OHLONE COMMUNITY COLLEGE DISTRICT

TRAVEL/CONFERENCE APPROVAL & EXPENSE CLAIM FORM

PART A – REQUEST TO ATTEND CONFERENCE - TO BE COMPLETED **PRIOR** TO CONFERENCE

Employee name:	Colleague ID:	Department:
Conference/Event:	Conference Address:	Dates of Conference:
Substitute Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for which Classes/Dates:	

Estimated Expenses: \$ _____ **Budget No:** _____
 (Attach Conference Announcement Materials)

CONDUCT: While at a conference, course, or any activity at which the Ohlone employee is representing Ohlone in any capacity or knows other employees or students are present or might be present, the employee will comply with all behavior expectations and requirements for an Ohlone employee while on campus or while otherwise representing Ohlone. This includes but is not limited to no harassment, threats, intimidation, aggression, bullying, violence, abuse of conduct, misuse of power or authority for personal advantage or benefits, and/or unlawful behavior.

Employee Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____
 Budget Manager Signature: _____ Date: _____
 Vice-President Signature (if applicable): _____ Date: _____
 President Signature (if applicable): _____ Date: _____

PART B – STATEMENT OF TRAVEL & EXPENSE – TO BE COMPLETED **AFTER** RETURN FROM CONFERENCE

Expense claims must be completed and submitted upon return and within 30 days after completion of the travel

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Totals
Breakfast <i>(Maximum \$15.00)</i>											\$
Lunch <i>(Maximum \$20.00)</i>											\$
Dinner <i>(Maximum \$35.00)</i>											\$

Mileage From: _____ To: _____ Total Miles _____ @ **\$0.575** /mile \$ _____

Round Trip: Yes No

Registration _____ \$ _____
 Lodging _____ \$ _____
 Airfare _____ \$ _____
 Transportation (Car Rental and Gas/Parking/Toll/Shuttle/Taxi) _____ \$ _____
 Other Expenses Explain: _____ \$ _____
GRAND TOTAL EXPENSE CLAIMED: _____ \$ _____

Mail Check To: _____

*****ATTACH ITEMIZED RECEIPTS FOR EACH EXPENSE – ALCOHOLIC BEVERAGE ARE NOT REIMBURSABLE*****

I hereby certify under penalty of perjury that the above is a true and correct statement of my actual and necessary expenses incurred while on official business for the Ohlone Community College District. I understand that requesting reimbursement of expenses that were not incurred or that others reimbursed is a misuse of public funds or resources, which might result in prosecution for a crime.

Employee Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____
 Budget Manager Signature: _____ Date: _____