



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.

W #: _____

Name: _____

(Last)

(First)

(MI)

Complete all appropriate items. If additional space is required, use additional forms. Refer to Board Policy AP 7400 for procedure governing submission of claims.

- 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.

Home Address: _____

Conference title: _____

(Note: please do not use abbreviations in form)

Date(s) Attended Conference: _____ Location (City, State): _____

Table with columns: Date, Miles Traveled, Lodging, Meals (B, L, D), Registration, Other Expenses (Telephone, Taxi, Parking, Mass Transit, Etc.), Daily Total. Includes a summary row for Total Miles and 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: Total Daily Expenses: \$, Mileage Costs: \$, Subtotal: \$, Less Advances: -\$ (shaded), Less P-Card: -\$ (shaded), Expense Limit: \$ _____ Total Claim: \$ _____