

**CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT****Office of Business Services****Conference Leave: Expense Claim Form****Check Disposition Preference****USPS****ACH****DISTRICT OFFICE****CHABOT****LPC****EDCE**

W #: _____

Name: _____

(Last)

(First)

(MI)

Home 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 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.

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: \$

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) _____**Mileage Costs:** \$**Subtotal:** \$**Less Advances:** -\$**Less P-Card:** -\$**Expense Limit:** \$ _____ **Total Claim:** \$