



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. Receipts must be attached for all expenses.
2. Conference expense claims must reflect expenses of the individual only.
3. Record conference mileage on this form.

| 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: \$