OHLONE COMMUNITY COLLEGE DISTRICT
CLAIM FOR TRAVEL/CONFERENCE/COURSE REIMBURSEMENT

Effective 01/01/2018

The following itemized expenses were incurred for attending meetings authorized by the Board of Directors, on the dates, and at the place indicated:

For the purpose of: ______________________________

Location: ______________________________ Date(s): ______________

Department: ______________________________

Budget Code: ______________________________

(Please indicate budget area to be charged)

* **

DATE	**BKFST** ($10.00 Maximum)	**LUNCH** ($15.00 Maximum)	**DINNER** ($30.00 Maximum)	**TRANSPOR-TATION COST** i.e. parking/toll/shuttle	**HOTEL COST** ($ Amt)	**OTHER COST** ($ Amt)	**OTHER DESCRIPTION** i.e. registration	**DAILY TOTAL**
	$	$	$	$	$	$		$ 0.00
	$	$	$	$	$	$		$ 0.00
	$	$	$	$	$	$		$ 0.00
	$	$	$	$	$	$		$ 0.00
	$	$	$	$	$	$		$ 0.00
	$	$	$	$	$	$		$ 0.00
	$	$	$	$	$	$		$ 0.00

Car Rental Cost: $ ______________

Airport parking: $ ______________

***<u>**ATTACH ALL DETAILED RECEIPTS - INCUDING THOSE FOR MEALS (Reimbursement for meals is not a per diem amount and does not include any alcoholic beverages.)**</u>

CLAIM FOR MILEAGE ON PERSONAL AUTOMOBILE

DATE	**FROM**	**TO**	**MILES TRAVELED**	**PURPOSE OF TRIP**

TOTAL MILEAGE (0.00) @ .545/mile $ 0.00

GRAND TOTAL EXPENSE CLAIMED $ 0.00

The grand total of expenses claimed should not exceed the maximum amount approved on the Authorization Form. If the grand total of expenses claimed is in excess of the maximum amount approved on the Authorization Form, reimbursement of your claim will be delayed because this form will be returned to your supervisor for review and consideration of whether to approve reimbursement of the additional expenses that exceed the authorized amount.

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.

PAYEE: ______________________ ______________________ ______________

Typed or Printed Name of Payee — Signature of Payee — Colleague ID

ADDRESS: ____

(Number and Street) (City) (State) (Zip Code)

AUTHORIZATION: ______________________________ ______________

Authorized (Directors/Division Dean/Vice President/President) — Date