

**SOLANO COMMUNITY COLLEGE DISTRICT**

**TRAVEL AUTHORIZATION AND REIMBURSEMENT CLAIM**

(Note: Read instructions on next page before completing)

**TRAVELER CLASSIFICATION:**

Manager  Faculty  CSEA/Classified  Trustee  Student

Traveler Name \_\_\_\_\_ ID# \_\_\_\_\_

Conference Sponsor \_\_\_\_\_

Conference/Activity \_\_\_\_\_

Location \_\_\_\_\_ Name of Organization \_\_\_\_\_ Note: GSA rates vary by location

**PART I.**

**PART III.**

To be completed no later than **30 business days before** departing travel date. Enter all estimated costs, including prepaid amounts. \*Requires documents/back up for estimate

To be completed no later than **5 business days after** returning from authorized travel. Enter all claimable costs incurred, including prepaid amounts. \*\*Requires original receipts/ documents/ backup for reimbursement

**ESTIMATED Dates/ Times of Travel:**

Departing on: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Returning on: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**ACTUAL Dates/ Times of Travel:**

Departed on: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Returned on: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**ESTIMATED Expenses:**

**ACTUAL Expenses:**

**A. Transportation**

**A. Transportation**

Air fare\* (Estimate) \$ \_\_\_\_\_

Air fare\*\* (Actual) \$ \_\_\_\_\_

Private Vehicle\* Total Miles \_\_\_\_\_ x \_\_\_\_\_ c/mile \$ \_\_\_\_\_

Private Vehicle\*\* Total Miles \_\_\_\_\_ x \_\_\_\_\_ c/mile \$ \_\_\_\_\_

The undersigned certifies that the vehicle they use for Solano Community College District business carries the legal minimum insurance required by law.

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**B. Lodging\***

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Name of Hotel/Motel \_\_\_\_\_ \$ \_\_\_\_\_  
days @ \$ \_\_\_\_\_ /day

(Only single occupancy rate & applicable fees . Excluding parking and/or room service) \$ \_\_\_\_\_

**C. Registration Fee\* (check one)**

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(Enter full cost even if prepaid)  
 Prepaid by District  No Prepayment

Note: Complete Part II. to request Prepayment

Prepaid by District  No Prepayment

If Prepaid: REQ/PO#: \_\_\_\_\_ Cal Card \_\_\_\_\_ Name \_\_\_\_\_

**D. Meals (Determined by GSA rates [link])**

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All meals listed on itinerary are not reimbursable (whether or not traveler consumes)

All meals listed on itinerary are not reimbursable (whether or not traveler consumes)

Breakfast Allowance Departure before 6:30 a.m. or return after 7:00 a.m.  
Lunch Allowance Departure before 12 noon or return after 12 noon  
Dinner Allowance Departure before 7:00 p.m. or return after 7:00 p.m.

Breakfast Allowance Departure before 6:30 a.m. or return after 7:00 a.m.  
Lunch Allowance Departure before 12 noon or return after 12 noon  
Dinner Allowance Departure before 7:00 p.m. or return after 7:00 p.m.

Date	Breakfast	Lunch	Dinner	Total

Date	Breakfast	Lunch	Dinner	Total

First/Last day maximum reimbursement of 75% for total meals (Breakfast + Lunch + Dinner) per GSA rates.

First/Last day maximum reimbursement of 75% for total meals (Breakfast + Lunch + Dinner) per GSA rates.

(Ex. \$17 Breakfast + \$18 Lunch + \$34 Dinner = \$69 x 0.75 = \$51.75 First/Last day maximum reimbursement) [GSA link]

(Ex. \$17 Breakfast + \$18 Lunch + \$34 Dinner = \$69 x 0.75 = \$51.75 First/Last day maximum reimbursement) [GSA link]

Breakfast Lunch Dinner  
\$ \_\_\_\_\_ x \_\_\_\_\_ # of days \$ \_\_\_\_\_ x \_\_\_\_\_ # of days \$ \_\_\_\_\_ x \_\_\_\_\_ # of days  
Total for Meals \$ \_\_\_\_\_

Breakfast Lunch Dinner  
\$ \_\_\_\_\_ x \_\_\_\_\_ # of days \$ \_\_\_\_\_ x \_\_\_\_\_ # of days \$ \_\_\_\_\_ x \_\_\_\_\_ # of days  
Total for Meals \$ \_\_\_\_\_

**E. Other Expenses\* (Check all that apply):**

Toll \$ \_\_\_\_\_  Ride Shares (Uber/Lyft) \$ \_\_\_\_\_  Parking \$ \_\_\_\_\_  
(If Parking was previously included on lodging receipt, please note amount here.)  
Other: \$ \_\_\_\_\_

Note: Fiscal approval required for vehicle rental

**E. Other Expenses\*\* (Check all that apply):**

Toll \$ \_\_\_\_\_  Ride Shares (Uber/Lyft) \$ \_\_\_\_\_  Parking \$ \_\_\_\_\_  
(If Parking was previously included on lodging receipt, please note amount here.)  
Other: \$ \_\_\_\_\_

Note: Fiscal approval required for vehicle rental

**F. Incidental Expenses (Not to exceed \$5/day)**

**F. Incidental Expenses (Not to exceed \$5/day)**

Only applicable for full 24-hour periods away on travel

Only applicable for full 24-hour periods away on travel

**Total Estimated Expenses \$ \_\_\_\_\_**

**Total Actual Expenses \$ \_\_\_\_\_**

Budget No. 1: Fund \_\_\_\_\_ Organization \_\_\_\_\_ Account \_\_\_\_\_ Program \_\_\_\_\_ Activity \_\_\_\_\_ Location \_\_\_\_\_

Budget No. 2: (optional) Fund \_\_\_\_\_ Organization \_\_\_\_\_ Account \_\_\_\_\_ Program \_\_\_\_\_ Activity \_\_\_\_\_ Location \_\_\_\_\_

By signing here, I accept to follow the district travel policies:

I certify that the above claim is an accurate accounting of expenses incurred which does not exceed the allowances and complies with District insurance requirements.

Traveler \_\_\_\_\_ Date \_\_\_\_\_

Traveler \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_

**PART II - Prepayment & Cash Advance REQUEST/s**

**Final Calculations - To be completed by AP**

A. Would you like assistance with paying ahead? Yes No

If yes, please check which payments you would like assistance for payment and fill in the below information:

Flight Airline \_\_\_\_\_ Flight #s \_\_\_\_\_ Departing \_\_\_\_\_ Returning \_\_\_\_\_

Lodging Name of Hotel \_\_\_\_\_ [ ] 1 bed [ ] 2 beds

Registration REQ/PO# \_\_\_\_\_ Cal Card \_\_\_\_\_ Name \_\_\_\_\_

B. Would you like a Cash Advance? [ ] Yes [ ] No

If yes, please check which payments you would like to be included for the Cash Advance:

(NOTE: If receiving assistance with paying ahead, payment is ineligible for Cash Advance)

Air fare  Lodging  Registration  Meals Per Diem per GSA rates

Approval \_\_\_\_\_ Date \_\_\_\_\_

Total Actual Expenses	
<Less> Prepaid Amounts (Paid on REQ/PO) and/or Cal Card	< >
Subtotal	
<Less> Cash Advance CK#	< >
Total for Reimbursement	
Or	
Total due back to the District	

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_

INSTRUCTIONS FOR PREPARATION OF TRAVEL AUTHORIZATION AND REIMBURSEMENT CLAIM

This form is to be used to obtain authorization to travel and for reimbursement of travel expenses incurred during the performance of district business. All reimbursements are made pursuant to Board Policy or contract. Please see Board Policy 4260 [http://www.solano.edu/district\\_policies/4000/Policy4260.pdf](http://www.solano.edu/district_policies/4000/Policy4260.pdf)

All requests for reimbursement shall be reasonable and at the lowest rate available, except in extenuating circumstances.

**Part I - Request to Attend Conference/Seminar**

All authorizations must be obtained prior to time designated for departure. Requests must be submitted two weeks prior to departure. If a cash advance or prepaid registration is requested, please attach conference information/agenda and schedule, and submit to Fiscal Services for processing a minimum of thirty (30) days prior to departure or prior to date registration is due. Complete only Part I. of the form when requesting authorization to travel. Out of state travel must be requested and approved by the Superintendent-President.

Travel is not authorized until approved by VPFA for in-state travel; the Superintendent-President for out-of-state travel. A maximum allowance may be established during the approval process. The maximum allowance is a limit on the amount of travel expenses that will be reimbursed if actual expenses exceed the allowance.

**Estimated Expenses:**

- A) Transportation - Round trip coach air fare or mileage not to exceed air fare, round trip mileage to airport from home or college (whichever is closer), parking fees at economy lot, and lowest cost ground transportation to/from the airport destination. Air travel arrangements should be made following regular college procedures. Retain appropriate receipt for reimbursement claim. Reimbursement does not include mileage that is necessary for an employee to get from their residence to the assigned workplace. For current mileage rate and standard mileage rate, please refer to the [GSA website](#). Please attach google map (to and from destination) with bridge tolls (if applicable), receipts, etc.
- B) Lodging - Lodging shall not exceed the single daily occupancy rate and applicable fees established at the conference site. Retain original receipt for reimbursement claim.
- C) Registration - If prepayment is required, attach registration fee document or conference notice for payment processing. Indicate REQ/PO# or Cal Card with Name in Part II. If not prepaid, retain receipt and submit original receipt with reimbursement request in Part III.
- D) Meals - Payment for meals, if travel is outside District boundaries, shall not exceed the amounts established by GSA. Meal/s included in the itinerary and paid for as part of the registration may not be claimed. Other meals may be reimbursed with GSA rates.

**Sample of GSA Allowance:**

Breakfast Allowance Departure before 6:30 a.m. or return after 7:00 a.m.	Breakfast	\$ 17.00
Lunch Allowance Departure before 12 noon or return after 12 noon	Lunch	18.00
Dinner Allowance Departure before 7:00 p.m. or return after 7:00 p.m.	Dinner	<u>34.00</u>
	Total	\$ 69.00

**Sample of first/last day maximum reimbursement:**

First/Last day maximum reimbursement of 75% for total meals (Breakfast + Lunch + Dinner) per GSA rates.  
(Ex. \$17 Breakfast + \$18 Lunch + \$34 Dinner = \$69 x 0.75 = \$51.75 First/Last day maximum reimbursement) [[GSA link](#)]

- E) Other - Estimate additional district business/conference related expenses. Original receipt required for reimbursement. Ex. District approved vehicle rental, parking, ride shares (Uber/Lyft), etc.
- F) Incidental Expenses - Estimate additional expenses not to exceed the \$5.00 per day (full 24-hr days out on travel).

Travel is not authorized until approved by the VPFA for in-state travel; the Superintendent-President for out-of-state travel. A maximum allowance may be established during the approval process. The maximum allowance is a limit on the amount of travel expenses that will be reimbursed if actual expenses exceed the allowance. Complete Part III – Request for Reimbursement section upon return from travel and submit with receipts within five (5) business days.

**Part II - Prepayment & Cash Advance REQUEST/s**

Completing Part II is optional; only complete if traveler is requesting prepayment or cash advance. If prepayment and/or cash advance is requested by the employee, the employee is to complete this section and submit the request a minimum three weeks prior to date advance or prepayment is needed.

**Part III - Request for Reimbursement**

Upon return, traveler is to complete Part III, attach receipts, and submit to supervisor/budget manager. Once approved by supervisor/budget manager, all items to be submit to [AccountsPayable@solano.edu](mailto:AccountsPayable@solano.edu).

Supporting documentation (receipts, maps, itinerary, etc.) are required for reimbursement as indicated. Reimbursement request should be submitted no later than five (5) business days after attendance at the conference or return from travel.

Travel advances must be settled within thirty (30) days of returning from the travel. Outstanding TAR-Part III may hinder the approval and processing of subsequent TAR-Part I/II submissions. In compliance with the Internal Revenue Code, if a travel advance is not settled within sixty (60) days after returning from travel, the advance will be reported as taxable income on the employee’s next paycheck. After recording the payment as taxable income, the employee still must settle and return any unused travel advance, and the notation as taxable income cannot be reversed.