

SOLANO COMMUNITY COLLEGE DISTRICT

TRAVEL AUTHORIZATION AND REIMBURSEMENT CLAIM

(Note: Read instructions on next page before completing)

EMPLOYEE CLASSIFICATION:

Manager Faculty CSEA/Classified Trustee **Student**

Employee Name _____ ID# _____

Conference Sponsor _____
Name of Organization

Conference/Activity _____

Location _____

Budget No. 1: _____ / _____ / _____ / _____

Fund _____ Organization _____ Account _____ Program _____

Budget No. 2: _____ / _____ / _____ / _____

Fund _____ Organization _____ Account _____ Program _____

Manager's Name Manager's Initials

Manager's Name Manager's Initials

PART I - Request to Attend

Inclusive dates of travel:

From _____ / _____ To _____ / _____
Date Time Date Time

Estimated Expenses: *Indicates Receipt Required for Reimbursement

A. Transportation (Estimate cost of air fare) \$ _____

Air* District Vehicle Private Vehicle _____ x _____
Miles c/mile

Travel Agency (Air fare) _____

The undersigned certifies that the vehicle he/she uses for Solano Community College District business carries the legal minimum insurance required by law.

B. Lodging* _____ \$ _____
Name of Hotel/Motel
_____ days @ \$ _____ day

C. Registration/Conference Fee* (check one) \$ _____

Include certain meal(s) Exclude meal(s)

D. Meals..... \$ _____
Breakfast \$ _____ x _____ Lunch \$ _____ x _____ Dinner \$ _____ x _____
of days # of days # of days

E. Other (describe)* _____ \$ _____
(Admin. Approval required for vehicle rental)

F. Incidental Expenses* \$ _____

Total Estimated Expenses \$ _____

Maximum Allowance, if applicable \$ _____

Travel charged to Categorical Programs, Grants or Special Projects:
This travel is in compliance with the requirements of:

Program Name	Program Administrator's Signature
For grants/special projects:	Program /Grant Number
Program Goal/Objective Number/ Explanation	

Employee Date

Approval _____ Date _____
Area Dean/Supervisor

Approval _____ Date _____
Fiscal Services

Approval _____ Date _____
Superintendent-President**

PART II - Request for Cash Advance/Prepaid Expense

(To be completed by Requestor)

A. Employee Cash Advance \$ _____

B. Registration (Payee***) \$ _____

Registration Due Date _____
Vendor I.D.

Budget No. 1: \$ _____ Amount Budget No. 2: \$ _____ Amount

Approval: _____ Doc#: _____
Fiscal Services Fiscal use only

PART III - Request for Reimbursement

To be completed no later than 7 calendar days after return from authorized travel.

* Indicates original receipts required - enter all claimable costs incurred, including prepaid amounts.

From _____ / _____ To _____ / _____
Date Time Date Time

A. Transportation

Air fare* Bus* Other* \$ _____

Prepaid to travel agency by district

Private Vehicle _____ x _____ \$ _____
miles c/mile

B. Lodging*

_____ \$ _____
(Single occupancy rate only/exclude phone calls & other costs)

C. Registration Fee (check one)

_____ \$ _____
(Enter full cost even if prepaid)

Prepaid by District No Prepayment
(No receipt required if prepaid)

D. Meals

Date	Breakfast	Lunch	Dinner	Total

Total Meals \$ _____

E. Other Expenses*

_____ \$ _____
(Admin. approval required for vehicle rental)

F. Incidental Expenses - not to exceed \$5/day

_____ \$ _____
(Other miscellaneous business expenses)

G. Total Expenses (A - F)

_____ \$ _____

Total Expenses (lessor of Max. Allowance or Total Expense)

Less Amount(s) Prepaid \$ _____

Subtotal _____

Less Cash Advance \$ _____

Total Requested for Reimbursement \$ _____

Certification/Approval

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.

Employee's Signature Date

Approval _____ Date _____
Area Dean/Supervisor

Approval _____ Date _____
Fiscal Services

PART IV

Vendor I.D.

Enter allocation of **Subtotal** (PART III.G.) above

Budget No. 1: \$ _____ Amount Budget No. 2: \$ _____ Amount

Fiscal Use: _____ / _____ / _____ / _____ \$ _____
Fund Org Account Program Amount

*Indicates Receipt Required for Reimbursement

**Required for Out of State Travel

***Person or Association

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

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 three weeks prior to departure or prior to date registration is due. Complete only the top and left-handed portion of the form when requesting authorization to travel. Out of state travel must be requested and approved one month prior.

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 his/her residence to the assigned workplace. For current mileage rate and standard mileage rate contact the Finance and Administration Office. Please attach google map (to and from destination), bridge toll, receipts, etc.
- B) Lodging - Lodging shall not exceed the single daily occupancy rate 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 Payee (name or association) in Part II. If not prepaid, retain receipt and submit original receipt with reimbursement request.
- D) Meals - Payment for meals, if travel is outside District boundaries, shall not exceed the amounts established by GSA. Meal included in registration fee may not be claimed and will not be paid for meals included in the registration. Current GSA rates can be found here: <https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup>

2022 GSA Allowance Provided:

For Breakfast Allowance: Departure before 6:30 a.m. or return after 7:00 a.m.	Breakfast	\$ 13.00
For Lunch Allowance: Departure before 12 noon or return after 12 noon	Lunch	15.00
For Dinner Allowance: Departure before 7:00 p.m. or return after 7:00 p.m.	Dinner	<u>26.00</u>
	Total	\$ 54.00

The total meal allowance shall be paid beginning with the traveler's time of departure if travel is outside District boundaries unless permission is granted by the supervisor for participation in a local even that spans customary meal times. Only the actual amount of meal expense incurred, not to exceed the allowances stated above, shall be reimbursed.

- E) Other - Estimate additional district business/conference related expenses. Original receipt required for reimbursement.
- F) Incidental Expenses - Estimate additional expenses not to exceed the \$5.00 per day (24 hours).

Forward all copies for approval. Travel is not authorized until approved by the Fiscal Services 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. Do not complete unless needed. Complete Part III – Request for Reimbursement section upon return from travel and submit with receipts within seven (7) calendar days.

Part II - Cash Advance/Prepaid

College completes the appropriate section and the requested cash advance is processed. If a cash advance/prepayment 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, complete Part III, right-hand side, of the same travel authorization/reimbursement claim form used when requesting authorization for the travel. Reimbursement for expenses for the attendance at conferences or meetings is allowed within the financial limits of the college and upon the approval of the administrator within the college. All reimbursements are pursuant to Board Policy and/or contract.

Original receipts are required for reimbursement as indicated. Canceled checks and credit cards are not considered receipts. Reimbursement request should be submitted no later than seven (7) days after attendance at the conference or return from travel.

Travel advances must be settled within 30 days of returning from the travel. Additional travel advances will not be processed if a previous advance is outstanding and it has been over 30 days since the related travel ended. In compliance with the Internal Revenue Code, if a travel advance is not settled within 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, but the notation as taxable income cannot be reversed.