CR College of the Redwoods Travel Expense

Name: _____ Employee ID: _____ Voucher#_____

Department: _____

Name of Event: _____

Location of Event: _____ Date(s) of Event: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Signature: _____ Date: _____

ACTUAL COSTS

1. Please refer to Board Policy 7400 Rules Applicable to All Travel.

2. All Itemized receipts must be submitted with completed form.

3 . Send the form through the Adobe Sign signature process, then to Purchasing@redwoods.edu, or cc Purchasing@ redwoods.edu through Adobe Sign.

	Out-of-Pocket Expenses	Paid by Cal-Card
Registration ……………………………………………………………	$_____	$_____
Air Fare ………………………………………………………………………	$_____	$_____
Car Rental ……………………………………………………………………	$_____	$_____
Taxi, Rideshare, Tolls, Shuttle, Parking…………………………	$_____	$_____
Lodging ………………………………………………………………………	$_____	$_____
Private Car: _____ miles x _____per mile ………………	$_____	$_____
Other ……………………………………………………………………………	$_____	$_____
Meals ……………………………………………………………………………	$_____	$_____
Total Cost	$_____	$_____
Less Advance	$_____	
Reimbursement to Employee	$_____	
Reimbursement to District	$_____	
TOTAL TRIP COST	$_____	

	Number of meals	-	Number of meals provided at event or Hotel	=	Total Meals	
Breakfast(s)	_____	-	_____	=	_____	@ $11.00 ea.
Lunch(es)	_____	-	_____	=	_____	@ $13.00 ea.
Dinner(s)	_____	-	_____	=	_____	@ $23.00 ea.

*Meal allowances on the *initial day of travel* are payable if it was necessary to leave the work site on or before the following times:
        Breakfast: 7:00 am
        Lunch: 11:00am
        Dinner: 5:00pm

*Meal allowances on the *day of return* are payable if return to work site or residence, exclusive of eating time, was on or after the following times:
        Breakfast: 9:00 am
        Lunch: 1:00am
        Dinner: 7:00pm

APPROVED BY:

Manager: _____ Signature: _____ Date: _____

Senior Staff: _____ Signature: _____ Date: _____

President: _____ Signature: _____ Date: _____
(out-of-state travel only)

*Travel outside of the country requires Board Approval prior to travel.

_____	_____	_____	_____	_____
SUBFUND	COST CENTER	PROGRAM	ACTIVITY	OBJECT