

Name: _____ Employee ID: _____

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. Attach ACBL
4. Send the form through the Adobe Sign signature process, then to travel@redwoods.edu, or cc travel@redwoods.edu through Adobe Sign.

	Out-of-Pocket Expenses	Paid by District
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 to be reimbursed	Reimbursement
Breakfast(s)	_____	-	_____	=	@ \$13.00 ea.	_____
Lunch(es)	_____	-	_____	=	@ \$16.00 ea.	_____
Dinner(s)	_____	-	_____	=	@ \$25.00 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: 11:00 am
Dinner: 5:00 pm

*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: 1:00 pm
Dinner: 7:00 pm

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