

Travel Checklist

Employee Name: _____

Department: _____

Trip/Event Description: _____

Reviewed for completeness by: _____

Title of Reviewer: _____

Review Date: _____

2. CalCard Charge Verification

CalCard was used for travel-related or business-related expenses

☐ NO

☐ YES

- Transaction Date(s): _____
 - Name of CalCard Holder: _____
 - Last Four Digits of Card: _____
-

4. Supporting Documentation

- ☐ Registration Invoice/Receipt attached
- ☐ Airfare Receipts attached and itemized
- ☐ Lodging Invoice/Receipt attached and itemized
- ☐ Car rental Agreement
- ☐ Taxi, Rideshare, Tolls, Shuttle, Parking receipts attached
- ☐ Additional expenses not listed above. Receipts attached and itemized
- ☐ ACBL attached
 - *GL must show sufficient available funds and be generated within 3 days of submittal.*

Please complete this form for all travel, trainings, meetings, and conferences. Your Travel Request Form must be submitted with this form.

Name: _____ Employee ID: _____

Department: _____

Name of Event: _____

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

Signature: _____ Date: _____

COST ESTIMATES

1. Please refer to Board Policy 7400 Rules Applicable to All Travel.
2. Please fill in the cost estimates below.
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.

The Travel Expense Form must be completed within 14 days of your return from the travel event. The Travel Expense Form is used to finalize the travel and process payment for expenses to be reimbursed.

\$ _____ **REGISTRATION** – Please attach your confirmation showing you registered for the conference, dollar amount due, conference name, and conference agenda.

\$ _____ **AIR FARE** – Economy class only. Please attach a copy of the reservation or invoice showing travel date and time. Traveler is responsible for all upgrades to higher classes.

\$ _____ **CAR RENTAL** – Reservations must be made with Enterprise Rent-A-Car using the District's Corporate Account Number: DB30H13. Please attach your confirmation

\$ _____ **Taxi, Rideshare, Tolls, Shuttle, Parking** – Valet parking charges will only be reimbursed when reasonable and appropriate. For example, when the hotel does not offer self-parking.

\$ _____ **Lodging** – Please attach your hotel reservation confirmation

\$ _____ **Other** – Itemized receipts required.

\$ 0 **MEALS** – Not to exceed \$54 per day. All meals provided by the event and/or hotel will not be reimbursed.

	Number of meals	-	Number of meals provided at event or Hotel	=	Total Meals to be advanced		Advanced Total
Breakfast(s)	_____	-	_____	=	0	@ \$13.00 ea.	\$ 0.00
Lunch(es)	_____	-	_____	=	0	@ \$16.00 ea.	\$ 0.00
Dinner(s)	_____	-	_____	=	0	@ \$25.00 ea.	\$ 0.00

Advance Amount Requested: \$ _____

*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
