

Travel Checklist

Employee Name: _____

Department: _____

Trip/Event Description: _____

Reviewed for completeness by: _____

Title of Reviewer: _____

Review Date: _____

1. Travel Advance Verification

Employee received a travel advance

- NO
 - YES
-

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 Invoice/Receipt attached
- Taxi, Rideshare, Tolls, Shuttle, Parking receipts attached
- Other Expenses not listed above
- ACBL attached

THIS FORM MUST BE RECEIVED IN THE BUSINESS OFFICE WITHIN 14 DAYS FOLLOWING THE TRIP END DATE. *Please allow 15 days for reimbursement*

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	\$ _____	

CR College of the Redwoods Travel Expense

THIS FORM MUST BE RECEIVED IN THE BUSINESS OFFICE WITHIN 14 DAYS FOLLOWING THE TRIP END DATE.

	Number of meals	-	Number of meals provided at event or Hotel	=	Total Meals to be reimbursed	Reimbursement
Breakfast(s)		-		=		
Lunch(es)		-		=		
Dinner(s)		-		=		

*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