

YUBA COMMUNITY COLLEGE DISTRICT TRAVEL REIMBURSEMENT FORM

	Travel Number	
Employee Name	Colleague ID #	
Conference Name		
Conference Location	Dates	
Departure Date	Departure Time	
Return Date	Return Time	
Names of others on trip		
Business Purpose:		

TOTAL COST OF TRAVEL

TRANSPORTATION

_____	X	_____	Mileage	
# of miles		cents/mile		
			Airfare	
			Rental Car	

MEALS

R = included in registration
 X = claiming for reimbursement
Receipts not required.

DATE	BREAKFAST (\$10)	LUNCH (\$15)	DINNER (\$30)	
TOTAL MEALS				

REGISTRATION

LODGING

OTHER (parking, bridge tolls, etc.)

TOTAL COST OF TRAVEL

AMOUNT ADVANCED

AMOUNT PAID BY CAL-CARD

TOTAL REIMBURSEMENT DUE

If amount is negative, please attach check

Budget Code(s)

I certify that the expenses listed are for District business and in compliance with District travel policy.

Employee Name Print _____

 Sign _____

 Date _____

ADMINISTRATIVE APPROVALS

Dean/Supervisor	Date
_____	_____
Admin Approval	Date
_____	_____
Fiscal Services	Date
_____	_____