



## YCFA TRAVEL AND CONFERENCE FUNDS GUIDELINES AND PROCEDURES

### CRITERIA:

YCFA Travel and Conference Funds are awarded by the Flex Committee. Use of funds is for professional growth and development of YCFA members. Applications must meet the following criteria:

1. YCFA Travel and Conference funds may be allocated only for Full-Time Faculty activities.
2. Funds will be awarded according to the following criteria:
  - How information from the activity will impact the faculty member's assignment.
  - How information from the activity will impact the faculty member's department/division.
  - How information from the activity will impact the District as a whole.
3. The limit per faculty member each academic year is \$750.
4. Units earned with full-time travel funds may not be used for advancement on the salary schedule.
5. At the conclusion of the funded activity, the full-time instructor must complete and submit the **TRAVEL / IN-SERVICE FOLLOW-UP REPORT** to the Flex Committee.
6. Faculty is encouraged to present a one-hour informal session for department or division colleagues.
7. Faculty must notify their supervisors if it is necessary to miss a class in order to attend the proposed activity.

# INSTRUCTIONS:

## Prior to Travel

1. Complete the ***Application for YCFA Travel and Conference Funds***; attach copies of supporting documentation and sign the application.

2. Complete and sign the ***YCCD Travel Advance Form*** located at <http://yc.yccd.edu/about/faculty-staff.aspx> . Obtain your Dean/Director's signature and submit **BOTH** signed and completed forms (Travel Advance Form AND Application for YCFA Travel) to the Yuba College Flex Committee Chair for approval and processing. The Travel Advance Form and checklist must be turned in 2 weeks prior to travel for insurance purposes even if no cash advance is requested. **NOTE:** If the faculty member incurs costs prior to approval, and the application is not approved, then the costs become the responsibility of the faculty member.

3. Submit **BOTH** signed and completed forms to the Yuba College Flex Committee Chair for approval and processing:

**Yuba College and Clear Lake Campus:** Fernando Canto-Lugo, x6884,  
[fcanto@yccd.edu](mailto:fcanto@yccd.edu) ,  
2088 N. Beale Road, Marysville, CA 95901

The Flex Office will make copies of Travel Advance Request and Travel Advance Checklist for records and submit to Accounts Payable.

## After Travel is Completed

1. Upon returning from the in-service activity, submit the ***Travel Reimbursement Form*** <http://yc.yccd.edu/about/faculty-staff.aspx> with receipts and the ***YCFA Travel and Conference Follow-Up Report*** to the Yuba College Flex Committee Chair, Fernando Canto-Lugo, x6884, [fcanto@yccd.edu](mailto:fcanto@yccd.edu), 2088 N. Beale Road, Marysville, CA 95901.

The Flex office will forward Travel Reimbursement Form with receipts and Travel/In Service Follow up Form to Accounts Payable for reimbursement.

Yuba Community College District

APPLICATION FOR YCFA TRAVEL AND CONFERENCE FUNDS

NAME \_\_\_\_\_ TITLE OF ACTIVITY \_\_\_\_\_

DATE OF ACTIVITY \_\_\_\_\_ LOCATION \_\_\_\_\_

- A. ABSTRACT: Attach a detailed description of the activity and how it will upgrade, enhance, or improve your assignment.
- B. Attach a brochure or other information relative to the proposed activity.
- C. Itemize in detail the total cost of the proposed activity:

**Transportation:**

- Personal Car \_\_\_\_\_ Roundtrip Miles @ \_\_\_\_ cents/mile = \_\_\_\_\_
- Bus, Plane, Train, etc .....
- Auto Rental .....
- Parking.....
- Other .....

**Meals:**

- Breakfast Meals .....# of Meals X \$ 7.00 .....
- Lunch Meals .....# of Meals X \$ 11.00 .....
- Dinner Meals .....# of Meals X \$ 23.00.....

**Lodging:**

•Number of Nights.....X \$ \_\_\_\_ Per Night..... = \_\_\_\_\_

**Registration Fees:** .....

Other Expenses (Itemize).....

**TOTAL** (*The limit per faculty member each academic year is \$750.*) .....

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE APPROPRIATE COLLEGE FLEX COMMITTEE CHAIR:**

- Woodland Community College: Donna McGill-Cameron, Ext. 5751
- Yuba College and Clear Lake Campus: Fernando Canto-Lugo, x6884

**FLEX COMMITTEE CHAIR APPROVAL**

APPROVED: \_\_\_\_ Yes \_\_\_\_ NO RECOMMENDED AWARD: \$ \_\_\_\_\_

Flex Committee Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For District Office use only:* Amt.Awarded: \$ \_\_\_\_\_ Date Awarded: \_\_\_\_\_ Initials: \_\_\_\_\_

## Travel Advance Checklist

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Travel #: \_\_\_\_\_

Please attach this completed checklist to the Travel Advance Request and submit to the Flex Chair 2 weeks prior to travel.

### Check One:

\_\_\_\_\_ **CASH ADVANCE NOT REQUIRED** (The Travel Advance form is still required for insurance purposes.)

- **IMPORTANT:** Attach conference information, agenda, or brochure.
- **IMPORTANT:** Obtain signature of Claimant and Supervisor on Travel Advance Request.

- Initial the following acknowledgement:

\_\_\_\_\_ *I acknowledge that I will pay for all expenses (airfare, lodging, registration, etc.) up front and that I am not entitled to a reimbursement until I submit the Travel Reimbursement claim. I am also aware that, with the exception of meals, all expenses require an original receipt from the vendor.*

\_\_\_\_\_ **CASH ADVANCE REQUESTED**

- **IMPORTANT:** Attach conference information, agenda, or brochure.
- **IMPORTANT:** Obtain signature of Claimant and Supervisor on Travel Advance Request.
- **IMPORTANT:** Incomplete Travel Advance forms will be returned to the claimant.
- **IMPORTANT:** Payments are mailed on Fridays. The completed Travel Advance form must be received in Accounts Payable no later than two working Fridays prior to the date checks are to be mailed.
- An advance is not available for mileage and auto rental.
- The District does not provide an advance when the attendee pays for registration or airfare on a personal credit card.
- Original itemized receipts for all expenses (except mileage and meals) are required to be submitted upon return with a Travel Reimbursement claim regardless of whether a reimbursement is required.

## Travel Advance Checklist

Check each item for which you are requesting a cash advance:

\_\_\_\_\_ Airplane (paid on District Account)

- Contact Four Seasons Travel Agency at (530) 674-1314 to make arrangements. Use the Travel Form Number as the PO number.
- Four Seasons Travel Agency will email the receipt/itinerary to the traveler.
- IMPORTANT:** Attach a copy of the receipt/itinerary from Four Seasons Travel Agency to the Travel Advance.

\_\_\_\_\_ Meals

- Identify each meal for which an advance is requested with an "X".
- Identify meals provided as part of registration fee with an "R".
- IMPORTANT:** Attach an agenda that shows what meals are included in the registration.

\_\_\_\_\_ Lodging

- Print name of hotel and confirmation number.
- Reserve the room using a personal credit card (an advance will be given before the trip so that the room can be paid with cash rather than the personal credit card).
- IMPORTANT:** Attach a copy of the hotel confirmation showing the amount of lodging.

\_\_\_\_\_ Registration

- Print name of organization and registration due date on Travel Advance.
- IMPORTANT:** Attach a **completed** registration form. The form **must** identify registration fees and the name and address where the registration is to be mailed.
- Registration will be mailed directly to the vendor.**

## TRAVEL / IN-SERVICE FOLLOW-UP ACTIVITIES

NAME \_\_\_\_\_ TITLE OF ACTIVITY \_\_\_\_\_  
DATES \_\_\_\_\_ LOCATION \_\_\_\_\_

To the Recipient of in-service funds: The purpose of the follow-up report is to help the Flex Committee to evaluate the value of the Travel/In-Service activities. In writing the report, please be specific and concise, avoiding general statements like "it was great" or "awful".

1. What I learned from the conference or activity:
  
  
  
  
  
  
  
  
  
  
2. How I plan to apply what I learned:
  
  
  
  
  
  
  
  
  
  
3. How and when I plan to share it with colleagues:

**The follow-up report must be turned in with the claim for reimbursement for immediate processing of your request.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDED COMMITTEE ACTION:  
FOR OFFICE USE ONLY:

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Date \_\_\_\_\_