



PCC

PASADENA AREA COMMUNITY COLLEGE DISTRICT CONFERENCE EXPENSE REPORT

(Refer to District Policy No. AP 7400-Professional Conference Attendance for detailed procedures and allowances.)

NAME _____ DATE _____

RESIDENTIAL ADDRESS (REQUIRED) _____ PHONE # _____

EMPLOYEE # _____

The following are the actual and necessary expenses incurred by me in attending:

CONFERENCE TITLE _____

LOCATION _____ DATE(S)--INCLUDING TRAVEL TIME _____

BOARD APPROVAL DATE _____ CONSENT ITEM # _____ REQUIRED WHEN LOCATION IS OUTSIDE OF THE UNITED STATES OR TOTAL TRAVEL COST IS \$2500 OR MORE

APPROPRIATE RECEIPTS FOR ALL AUTHORIZED EXPENSES MUST BE ATTACHED

CONFERENCE & TRAVEL DATES								TOTAL
TRANSPORTATION	<input type="radio"/> Air <input type="radio"/> Train <input type="radio"/> Other _____							
	<input type="radio"/> Personal Auto Miles Traveled @ \$0.535 /mile <small>MAY NOT EXCEED COST OF COACH AIRFARE</small>							
	Taxi/Shuttle/Car Rental							
	LODGING							
MEALS	Max \$41/day		Breakfast Lunch Dinner					
	REGISTRATION							
	OTHER AUTHORIZED EXPENSES (PARKING, ETC)							
TOTAL EXPENSES								\$ -
TOTAL AMOUNT AUTHORIZED								
LESS DISTRICT ADVANCEMENT (Attach copy of advance check and airfare receipt/itinerary)								
TOTAL REIMBURSEMENT DUE EMPLOYEE								\$ -

CHARGE TO	1						
	FUND	COST CTR	OBJECT	PROGRAM	\$	COST CENTER MANAGER APPROVAL SIGNATURE	
2							
3							

I certify that the above expenses were incurred without any financial profit to me.

SIGNATURE OF TRAVELER

DATE

PLEASE FILL OUT AND MAIL ORIGINAL TO FISCAL SERVICES (C203) WITHIN TWO WEEKS OF THE LAST DAY OF THE CONFERENCE.

RETAIN ONE COPY FOR YOUR FILES.