



PASADENA AREA COMMUNITY COLLEGE DISTRICT CONFERENCE EXPENSE REPORT

(Refer to District policy No. AP 7420 - Professional Conference Attendance for detailed procedures and allowances.)

NAME _____ DATE _____

RESIDENTIAL _____ PHONE # _____

ADDRESS _____ EMPLOYEE ID # _____

(REQUIRED) _____ (REQUIRED)

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

CONFERENCE TITLE _____

LOCATION / STATE & ZIP _____ DATE(S) _____

INCLUDING TRAVEL TIME

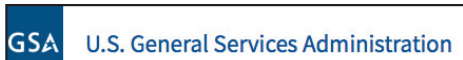
BOARD APPROVAL DATE _____ CONSENT ITEM# _____

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 _____							\$
	@ \$0.575 / mile							\$
	MAY NOT EXCEED COST OF COACH AIRFARE							\$
Taxi / Shuttle / Car Rental							\$	
LODGING								
MEALS	Breakfast							
	USE GSA LINK BELOW Lunch							
	Dinner							
	Incidental							
REGISTRATION								
OTHER AUTHORIZED EXPENSES (PARKING, ETC)							\$	
TOTAL EXPENSES								\$
TOTAL AMOUNT AUTHORIZED							\$	
LESS TOTAL DISTRICT ADVANCEMENT (District prepaids including airfare, hotel, registration and cash)							\$	
TOTAL REIMBURSEMENT DUE EMPLOYEE OR DISTRICT DUE ()							\$	

Please use GSA link below For Per Diem Rates for Meals



<https://www.gsa.gov/travel/plan-book/per-diem-rates>

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

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.