

# MONTEREY PENINSULA COLLEGE

## Approval & Reimbursement of Expenditures Business Meeting/Conference/Travel

**PURCHASING ONLY**

VENDOR # \_\_\_\_\_

TR # 04769

<p><b>Section 1 REQUEST</b></p> <p>Please complete this section prior to submitting for approval. Please provide cost estimates.</p>	Name _____	Title/Department _____	<p><b>COST ESTIMATES</b></p> <p>Registration \$ _____</p> <p>Transportation _____</p> <p>Lodging _____</p> <p>Meals _____</p> <p>Other _____</p> <p><b>TOTAL ESTM. COST \$ _____</b></p>
	Description of Event _____		
	Location (City, State, Country) _____		
	Inclusive Dates _____		
	Explain how this travel supports student learning at MPC Recommended Approval: _____ Date: _____		
	Budget Account Number _____		

<p><b>Section 2 APPROVAL/ DISAPPROVAL</b></p> <p>Please Return to Requester after Approval or Disapproval</p>	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
	The following conditions apply and payment of this claim, including any advances made prior to the actual travel, is authorized to the extent that only actual and necessary expenses in accordance with Education Code Sections 72423, 87432, and MPC Board Policy 2145 are properly documented by necessary receipts.
	Signature of Division Chair/Management _____ Signature of Superintendent/President (Required for out of state) _____
	Date _____      Date _____

**DO NOT COMPLETE THE CLAIM PORTION (SECTION 3) OF THIS FORM UNTIL TRAVEL IS COMPLETED**

<p><b>Section 3 EXPENSE CLAIM</b></p> <p>Submit White copy to Business Office - Yellow for your records</p> <p>Attach all receipts and supporting documents for actual expenses incurred and approved per Section 1.</p>	LIST ONLY THOSE EXPENSES FOR WHICH YOU ARE TO BE REIMBURSED 1. TRANSPORTATION a. Air Fare (Air Coach) \$ _____ b. Automobile (actual mileage: _____ miles @ _____ per mile = _____ \$ _____ c. Auto Rental \$ _____ 2. REGISTRATION FEE \$ _____ 3. OTHER EXPENSES																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">DATE</th> <th style="width: 15%;">MEALS</th> <th style="width: 15%;">LODGING</th> <th style="width: 15%;">MISC.*</th> <th style="width: 15%;">DAILY TOTAL</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="4" style="text-align: right;">Total OTHER EXPENSES</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	DATE	MEALS	LODGING	MISC.*	DAILY TOTAL																										Total OTHER EXPENSES				\$ _____
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*Parking/Tolls, Taxi, Laundry, etc.																																				
TOTALS 1 through 3 \$ _____ Less: ADVANCES \$ - _____ Less: CREDIT CARD PMTS \$ - _____ <b>NET AMOUNT OF CLAIM \$ _____</b>																																				

<p><b>Complete and submit within 10 days from completion of trip.</b></p>	I certify that this claim is true and correct and is for the actual and necessary expenses incurred while in attendance at the event described in Section 1 above.
Signature of Claimant _____	Date _____