

**Compton Community College District**

**Travel Request and Reimbursement Form**

Name (Please Print or Type) \_\_\_\_\_ Division/Department \_\_\_\_\_  
 Name of Conference (attach brochure) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Inclusive Dates \_\_\_\_\_  
 Purpose of Meeting \_\_\_\_\_

Method of Travel     Air (Commercial)     Air (Personal)     Train or Bus     Other \_\_\_\_\_  
                            District Vehicle     Rental Car     Personal Car  
 Substitute Needed:  Yes     No    Number of Hours Paid Certificate Sub \_\_\_\_\_  
 Loss in Salary     Yes     No    Mileage and Expenses not to Exceed: \$ \_\_\_\_\_

Account Number	Amount	Administrator(s) Signature of Approval	Date

*This section to be completed and signed by area Dean/Administrator*

Area Dean/Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

**CLAIM**

*(This section to be completed by requestor after conference.)*

Item	SUN	MON	TUES	WED	THUR	FRI	SAT
<b>NO RECEIPTS:</b> Breakfast							
Lunch							
Dinner							
Taxi, Bus, Airport Shuttle, Parking							
Telephone/Fax							
Transportation by Personal Car or Aircraft: Total number of miles _____ @ _____cents/mile. Amount cannot exceed economy airfare							
<b>RECEIPTS:</b> Lodging							
Registration							
Commercial Transportation							
Auto Rental							
Other (Itemize)							
<b>DAILY EXPENSE TOTALS:</b>							

Less Prepayments by District:  
 Cash Advance \$ \_\_\_\_\_ Air Transportation \$ \_\_\_\_\_ (PO# \_\_\_\_\_) Total Expense: \$ \_\_\_\_\_  
 Registration \$ \_\_\_\_\_ (PO# \_\_\_\_\_) Lodging: \$ \_\_\_\_\_ (PO# \_\_\_\_\_) Total Prepayments \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_ Net Due Employee \$ \_\_\_\_\_  
 Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Approval of Administrator \_\_\_\_\_ Date \_\_\_\_\_

Account Number	Amount	Accounting Office Verification

\*May not exceed "Mileage and Expenses Not to Exceed \$ \_\_\_\_\_", amount above.