

**COAST COMMUNITY COLLEGE DISTRICT  
CONFERENCE / MEETING / WORKSHOP  
REIMBURSEMENT CLAIM FORM**

**For GWC IPD reimbursements:**

(must be completed for ALL travel)

Found on your CAR Database Receipt provided to you by the IPD

Click [HERE](#) for instructions and helpful tips for completing this form.

CAR#:

Name	CCC	District	GWC	OCC
First Name _____	Middle Initial _____	Last Name _____		
Name of Conference _____	Employee ID: _____			
Attendance Date(s) & Time(s) _____	_____			
Travel Date(s) & Time(s) _____	_____			

**ALLOWABLE EXPENSES** Attach Itemized Receipts that include PROOF OF PAYMENT.

(Complete Upon Return Even if No Additional Expenses are Claimed; Attach receipts/documentation in the order listed below)

Airfare	Departure Date & Time: _____					Return Date & Time: _____
Auto Rental/Auto Rental Insurance						
Mileage						
Lodging						
Registration						
Meals << <a href="#">LINK - Meal limits depending on flight departure</a> >>						
Meal expenses incurred during authorized travel will be paid in accordance with the prevailing <i>per diem rates</i> established by the U.S. General Services Administration (GSA) for Orange County, CA ; Not to exceed \$81/day						
DATE:						
Breakfast \$22/day						
Lunch \$23/day						
Dinner \$36/day						
Other Misc. Expenses						
Parking						
Shuttle/Taxi/Rideshare:						
Other:						

TOTAL ACTUAL EXPENSES CLAIMED: \_\_\_\_\_

LESS ADVANCE AND/OR AMOUNTS CHARGED TO DISTRICT P-CARDS \_\_\_\_\_

P-Card Holder / Check Number \_\_\_\_\_

BALANCE TO EMPLOYEE/(NET AMOUNT OF THIS CLAIM) \_\_\_\_\_

Additional Comments:

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I certify the above were all actual and necessary expenses incidental to this conference/meeting/workshop.

Budget Number(s)

Budget Amount(s)

Claimant \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Business Office \_\_\_\_\_ Date \_\_\_\_\_

Manager \_\_\_\_\_ Date \_\_\_\_\_

Initials: \_\_\_\_\_ All receipts must be itemized and include proof of payment. Documentation should be attached in the same order listed on this reimbursement form.

Initials: \_\_\_\_\_ A copy of your CAR signed by the college president, the Database Receipt, and Conference Agenda/Program must be included with your reimbursement claim.

Initials: \_\_\_\_\_ Adding helpful notes to your receipts will help Business Services staff process your claim more efficiently and minimize delays.

This claim meets the provisions of E.C. § 87032 and is for actual and necessary expenses approved beforehand and in accordance with BP/AP 7400 and the Travel Guidelines.