



# District Travel Approval Claim Form At-A-Glance

Overview of steps in the process of completing and submitting a District Travel Approval Claim Form

## Pre-Approval (Steps 1 – 5):

<b>Step 1</b>	Locate “District Travel Approval Claim Packet” on the document network (SAN) <b>Path:</b> New-SAN – Public Shares – Forms – Business Services – Travel & Mileage
<b>Step 2</b>	Complete: Section 1 – Travel Summary; Section 2 – Travel Expense Worksheet (Items and Cost Estimates); Section 3 – Accounting Information.
<b>Step 3</b>	Print ( <i>In Color</i> ) and Complete: Section 4 – Travel Approval Signatures – Traveler, Supervisor, and Budget Manager ( <i>if applicable</i> ) – Electronic Signature is acceptable.
<b>Step 4</b>	Submit Form to Purchaser in Business Office; include any documentation if a district credit card has been used; record credit card transaction on the appropriate line.
<b>Step 5</b>	Business Office – Form information verified and assessed for Additional Approvals.

## Post-Approval (Steps 6 – 10):

<b>Step 6</b>	Traveler receives original packet back from the Business Office and further travel plans may now proceed.
<b>Step 7</b>	Additional Credit Card charges are entered on Column 2 in Section 2 “District Credit Card” ( <i>Forward Credit Card receipts to Purchaser, indicating which travel activity the receipts relate to, and keep copy of receipts with packet</i> ).
<b>Step 8</b>	Out of Pocket expenses are entered on Column 3 in Section 2 “Traveler Out-Of-Pocket” (Keep receipts with travel packet for reimbursement).
<b>Step 9</b>	Final Signatures – following the completion of the travel activity.
<b>Step 10</b>	Send completed form and all supporting documents to the Purchaser in Business Office.

# District Travel Approval Claim Form Instructions

Please read directions carefully when completing this form.

Reference District Travel Policy (AP #7400) for additional details regarding travel claim guidelines.

## Section 1: Travel Summary

**Traveler Name** – Enter the name of the traveler

**Request Date** – Enter the date of the request

**Conference/Event** – Title of the event or conference the traveler is requesting to attend. Please include an agenda, flyer, or email notification that verifies the validity of this event.

**Location** – Indicate the site, city, and state of the event or conference. (**NOTE:** Out-of-State travel requests are subject to Superintendent/President approval, and international requests require Board of Trustee approval, reference Travel Policy AP #7400. Please provide ample time to complete approvals prior to travel activity.)

**Travel Date(s)** – Please include the date ranges of the travel. This should include the conference dates plus any extra days required for travel. For example, if the conference is for three (3) days but travel will take place the day prior and the day following, then the travel date range should be for a total of five (5) days. If claim is for a single day, only one date is required.

## Section 2: Travel Expense Worksheet

### **Column Definitions:**

**Cost Estimate** = Include cost or estimate for any related expenses of this travel activity.

**District Credit Card** = Charges made using a Districts Credit Card, following initial approval(s).

**Actual Out-of-Pocket** = Charges paid out-of-pocket by the traveler, for reimbursement, following initial approval(s).

**Conference Fees** – Provide the cost to attend the conference or event. Select the check box if conference fees require payment through a Purchase Order.

**Lodging** – Indicate the cost or estimate for lodging at a hotel, resort, or other conference venue. Include the room rate per night (excluding tax). The cost estimate should be the the room rate multiplied by the number of nights requested (actual additional expenses not required as part of the estimate). Please separate all non-lodging charges to their related expenditure line (ie parking, wifi, etc).

**Transportation** – Enter the estimated cost to travel to the conference or event, such as airline, bus, or railway company, etc. Estimate and total cost can include early check-in and baggage fees.

**Meal Allowance** – The meal allowance rate is \$50.00 per day on approved multi-day travel less any meals provided by the conference or event. Per the District Travel Policy, meals provided by the conference or event will reduce the daily allowance by \$10.00 per meal provided. An event agenda is required for meal allowance calculations. Meals are **NOT** to be charged to a District Credit Card or the traveler's room bill. This allowance will be processed as a reimbursement when travel is completed or may be requested in advance. Advances may be requested if submitted no less than 2 weeks prior to travel activity.

**Mileage** – Mileage shall be reimbursed at the current approved IRS official rates. Mileage is calculated by multiplying the rate by total miles entered on the form. Mileage claims are to be calculated either from the main college campus or from the employee's residence, whichever is closer to the destination. Please include backup documentation that determines how the total miles are calculated (such as Google Maps). Mileage is not reimbursable when using a rental vehicle or district vehicle.

**Vehicle Rental** – Indicate the estimated cost of renting a vehicle for this travel activity. Include copies of rental agreement or receipts from the rental agency.

**Fuel Expense** – Fuel expenses are allowable ONLY when using a rental or district vehicle (please provide corresponding receipts for fuel charges). Fuel expenses may be charged to a district credit card, or are reimbursable to the traveler.

**Parking Fees** – Please provide the cost of parking fees at the airport, terminal, hotel, and/or resort during the travel activity. Receipts must be included in the travel claim packet.

**Other** – List other expenses not detailed above on the lines provided (subject to approval).

### **Section 3: Accounting Information**

**Accounting/Budget Information** – Provide funding source (**required**) and appropriate account number(s) for the travel activity. If account number is unknown, indicate at least the name of the funding source. For assistance with accounting information, please consult with the Business Office. If more than one account is used, indicate the dollar amount or percentage split between selected account numbers. Accounting and Budget Information is subject to verification by the Business Office.

### **Section 4: Travel Approval Signatures**

**Traveler** – Traveler's signature.

**Approval(s)** – **The traveler must obtain approval from their direct Supervisor and the budget manager prior to submission to the Business Office and before any charges are made.** Charges to a district credit card may occur simultaneously. Please include documentation for any district credit card charges with the travel packet when submitting to the Business Office.

A Budget Manager oversees the funding source indicated in the Accounting Information section. If the supervisor is the Budget Manager, only the supervisor signature is required. Please consult with the Business Office if the budget manager is not known.

**Additional Approval** – Per District Travel Policy, Out-of-State travel claims must also be approved by the Superintendent/President. International claims must be approved by the Board of Trustees, to authorize the Superintendent/President's signature approval. Please consult with the Business Office. Please allow sufficient time to process request prior to travel activity.

### **Section 5: Final Approval Signatures**

Upon completion of the travel event or conference, traveler must sign and receive approval from their direct supervisor attesting that all travel activities and expenditures are final and approved.

**Submit ALL receipts and related documentation** to the Business Office with the completed travel claim form for reimbursement or final payment (reference Checklist).

**Questions? Contact the Business Office at Ext. 5306 or 5309.**





# Copper Mountain Community College District

## District Travel Approval Claim Form

Received Purchasing

Reference District Travel Approval Process AP 7400

### SECTION 1: TRAVEL SUMMARY

Traveler Name: \_\_\_\_\_ Request Date: \_\_\_\_\_  
Conference/Event: \_\_\_\_\_  
Location: \_\_\_\_\_  
Travel Date(s): \_\_\_\_\_  
From (Single Day) \_\_\_\_\_ To \_\_\_\_\_

### SECTION 2: TRAVEL EXPENSE WORKSHEET

	Estimate	District Credit Card	Traveler Out-of-Pocket	Business Office Use
<b>Conference Fee(s)</b> <small>Check here if PO is required</small> <input type="checkbox"/>	_____	_____	_____	_____
<b>Lodging</b> Nightly Rate: _____	_____	_____	_____	_____
<b>Transportation</b>	_____	_____	_____	_____
<b>Meal Allowance</b> <small>Check here if requesting advance</small> <input type="checkbox"/>	_____	_____	_____	_____
<b>Mileage</b> Mileage Rate: _____ Total Trip Miles: _____	_____	_____	_____	_____
<b>Vehicle Rental</b>	_____	_____	_____	_____
<b>Fuel Expense (Rental Only)</b>	_____	_____	_____	_____
<b>Parking Fees</b>	_____	_____	_____	_____
<b>Other Fees (List Below):</b> _____ _____	_____	_____	_____	_____
<b>Totals</b>	_____	_____	_____	_____

### SECTION 3: ACCOUNTING INFORMATION

Funding Source \_\_\_\_\_ Account Split (if applicable - \$ or %) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 4: TRAVEL APPROVAL SIGNATURES

Traveler \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Budget Manager \* \_\_\_\_\_ Date \_\_\_\_\_  
Additional Approval \* \_\_\_\_\_ Date \_\_\_\_\_

\*Ref. Travel Policy to determine if applicable.

### SECTION 5: FINAL TRAVEL APPROVAL SIGNATURES

By signing, I hereby certify that the travel expenses recorded on this form were actually and necessarily incurred in the performance of my duty and on behalf of the district, and claim any reimbursements applicable as itemized above.

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