

Claim for Travel Reimbursement

Date: _____

From district employee incurring expense:

Name: _____

College ID Number: M – _____

To: College of Marin

For: Expenses incurred

INSTRUCTIONS

1. Include original receipts for all items claimed, including meals, bridge, tickets, etc.
2. Travel expenses require prior approval by Travel Committee.
3. Refer to Administrative Procedure 7400 for detailed expense reimbursement instructions.
4. Form must be signed by claimant and claimant's supervisor.

FOR: _____

_____ IN _____ ON _____

1. **TRANSPORTATION:** Rail, Plane, or Bus \$ _____

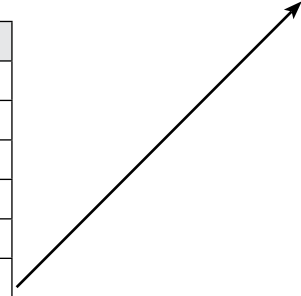
Private vehicle mileage	-	Normal commute	=	Additional miles	x	Rate	=	\$
						\$0.535		

2. **LODGING:** Receipted bill attached \$ _____

3. **REGISTRATION FEE:** Receipt attached..... \$ _____

4. **MEALS:** Receipts attached (see Administrative Procedure 7400 for maximum allowed) \$ _____

Date	Number of Meals	Total Cost
Total		



5. **OTHER EXPENSES:**

a) _____ \$ _____

b) _____ \$ _____

c) _____ \$ _____

TOTAL EXPENSES: \$ _____

EXPLANATION: _____

I certify that the above expenses were actual and necessary, and that if transportation was by private vehicle I certify that I possess a valid driver's license and automobile insurance.

Signature of Claimant _____

APPROVED FOR PAYMENT:

Budget Unit Manager Signature: _____ Date: _____

Account: _____