

Mendocino-Lake Community College District
1000 Hensley Creek Road
Ukiah, CA 95482

Trip No.

TRAVEL EXPENSE CLAIM

Traveler Name(s):

Departure:

Date

Time

A.M.

P.M.

Home Address:

Return:

Date

Time

A.M.

P.M.

City, State, Zip:

Destination:

NOTE: DO NOT INCLUDE PAYMENTS MADE BY PURCHASE ORDER(S) TO OTHERS (ie., airlines, hotels, registration).

*** ATTACH RECEIPTS FOR **ACTUAL** EXPENSES ***

| DESCRIPTION OF ITEM: | Date: | Date: | Date: | Date: | Date: | Date: | Sub-Total: |
|-------------------------|-------|-------|-------|-------|-------|-------|------------|
| Meals* Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |
| Transportation Airline | | | | | | | |
| Bus | | | | | | | |
| Taxi | | | | | | | |
| Car Rental | | | | | | | |
| Registration Fee | | | | | | | |
| Parking | | | | | | | |
| Bridge Toll | | | | | | | |
| Lodging | | | | | | | |
| Other: | | | | | | | |
| SUB-TOTAL | | | | | | | |

*Not to exceed the maximum as allowed by Travel Manual/policy.

Personal Car Expense: _____ Miles @ _____ per mile: \$ _____

Total expenses claimed \$ _____

Less advance to traveler \$< _____ >

Balance due to (from) traveler** \$ _____

**No payment processed or received if this amount is less than \$5.00

BUDGET CODE(S)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

The above information is correct: _____ Supervisor _____
Signature of Traveler Date Signature of Supervisor/Dean Date

NOTE: SUBMIT TO FISCAL SERVICES

Vice-President of Administrative Services/Designee