

INSURANCE REQUIREMENTS/MILEAGE REIMBURSEMENT

If you drive your personal automobile while on college business and you are involved in an accident, your own insurance policy is used first. The District liability policy would be used only after your liability limits are exceeded. The District does not insure, nor is it liable, for either comprehensive or collision.

The mileage reimbursement paid by the District covers all operating expenses on your automobile, including, but not limited to, insurance, gas, oil, maintenance, etc.

State law requires that automobile owners have a minimum financial responsibility. This requirement is usually met by providing automobile liability insurance or a posted bond.

If you do not carry automobile liability insurance, you should immediately notify your supervisor and you should not use your automobile for college business until you have met the minimum requirements.

The District reserves the right to require a proof of insurance certificate prior to approving any travel in a personal vehicle for District business.

TRAVEL REQUEST

FISCAL SERVICES ONLY:
Trip No. _____

Traveler Name(s) : _____ Date: _____

Title: _____ Department: _____

Number of Students Traveling: _____ Attach list of names & social security numbers for insurance purposes.

Paid Substitute Required? () YES () NO Other provisions for meeting classes: _____

Purpose & Destination: _____

Destination/Emergency Contact Phone Number: _____

Departure Date	Time	From	To	Return Date	Time
	AM PM				AM PM
	AM PM				AM PM

P.O.(s) must accompany this request
if payment to vendor is requested.

ESTIMATED COSTS:		PURCHASE ORDER (check appropriate box)		
		Attached	Not Applicable	Vendor/Comments
Registration Fee	\$ _____			
Lodging	\$ _____			
Car Rental	\$ _____			
Airline	\$ _____			
Personal Car	\$ _____	Estimated miles _____ at _____ per mile = \$ _____		
College Van	\$ _____	Estimated miles _____ at _____ per mile = \$ _____		Submit Van Request Form to Facility Services
Meals	\$ _____	See Travel Manual for specific details concerning meals.		
Bridge Toll	\$ _____			
Parking	\$ _____			
Other	\$ _____	Identify Other: _____		
Total:	\$ _____			

ADVANCE PAYMENT(S) REQUESTED: YES NO If "yes", complete section below.

Amount requested in prepayment to others \$ _____ Amount requested to traveler \$ _____

CK #

Advance payment to traveler/Promissory Note: In the event the trip is canceled, the traveler agrees to return the advance to Fiscal Services.

A minimum of 14 days is necessary to process an advance to the traveler. A 21 day minimum is generally needed by Fiscal Services to meet prepayment deadlines. PLEASE NOTE: This request may not satisfy all prepayment deadlines.

I have liability insurance on my automobile and agree to maintain insurance coverage as long as I use my automobile for college business. (See previous page for additional information regarding insurance.) I understand that I am responsible to file an expense claim within ten days of my return, attaching receipts for actual expenses.

SIGNATURE OF TRAVELER _____

BUDGET CODE(S):	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ _____

Approval: _____
Supervisor/Dean Date VP-Administrative Services/Designee Date

Out of State: YES NO _____
Superintendent/President Date

NOTE: SUBMIT THIS FORM TO FISCAL SERVICES