



TRAVEL REQUEST AND EXPENSE CLAIM

Part 1: Travel Request (Complete and submit before attending conference.)
Please type or print and ensure all information is provided as omissions can delay processing.

| Employee Name | Job Title | Office / Department | Location | Day Phone Number |
|---------------|-------------------|---------------------|----------|------------------|
| JOHN BEAM | ATHLETIC DIRECTOR | ATHLETICS | LANEY | 3474 |

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)

CCCADA

| City | State | Conference (Working) Dates (Used to compute per diem days) | Opening | Closing | Travel Dates (See instructions tab) | Depart | Return |
|------------|-------|--|----------|----------|-------------------------------------|----------|----------|
| LAKE TAHOE | NV | | 6/3/2014 | 6/5/2014 | | 6/3/2014 | 6/5/2014 |

Purpose: **NEW LEGISLATION FOR ATHLETICS FOR THE STATE OF CALIFORNIA**

Estimated Expenses

- Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.
- Total lodging, meals & incidentals cannot exceed the total per diem rate for the destination times the number of working days. Incidentals cannot exceed \$25/day and do not require receipts. Exception: Lodging can be higher if sponsor's lowest hotel discounted rate is higher. See instructions for additional details and restrictions.
 - Per Diem Amount requested must be equal or less than maximum.
 - Use "Google Maps" to determine mileage: Personal vehicle travel cannot exceed economy airfare.

| Section A. Daily Per Diem Limits (Maximum Expenses Per Day) | | | | Section B. Total \$ Each Day X Per Diem Days | | |
|---|---------|---------------------|--------------------|--|---|--|
| See Per Diem Rates Tab for amount to enter | Lodging | Meals & Incidentals | Total \$ (Per Day) | Per Diem Days | \$ Each Day X Per Diem Days (Maximum Permitted) | |
| | 95 / | 60 | 155 | 3 | 465 | |

Section C. Total Requested Expenditures for Conference

| Category | Maximum Permitted | Amount Requested | Registration | Lodging Taxes | Travel (Air/Train) | Mileage | Car/Taxi/ Shuttle | Parking / Tolls | Total Request |
|--------------------------------------|-------------------|------------------|--------------|---------------|--------------------|---------|-------------------|-----------------|---------------|
| Per Diem | 465 | 465 | | | | | | | 465 |
| Non-Per Diem | | | | 12.35 / | | | 92 | 50 | 164.35 |
| Total (Not to Exceed Amount): | | | | | | | | | 619.35 |

Funding

| Source | | | | | | | | | |
|--------------|-----|------|-------------|--------|---------|-----------------|-------|------|-------------------------------------|
| Coding | Loc | Fund | Cost Center | Object | Program | Activity Suffix | Proj | Line | Cost Center Manager Approval / Date |
| Registration | | | | 5205 | | | | | |
| Non-Local | | | | 5202 | | | | | |
| Local | 5 | 01 | 542 | 5203 | 1 | 696200 | 00000 | 00 | |
| Membership | | | | 5301 | | | | | |

Advance Payment Request

- Must be submitted with designated approvals 15 working days prior to event.
- Advance payments are limited to registration plus 80% of the employee's remaining expenses.

| Category | Payee on Check | Requisition Number | Amount |
|--------------|----------------|--------------------|--------|
| Registration | John Beam | 2000024606 | 420.00 |

Signatures and Approvals

| | | |
|---------------------------------------|----------------------------------|---|
| Employee / Date 5/14/14 | Supervisor / Date 5.21.14 | President's Signature / Date 5.14.14 |
| Business Officer / Date 5/9/14 | Chancellor / Date 5.21.14 | Out of State Travel: Board of Trustees Approval Date |