



# **SDCCD Travel (TR) Expense Claim Form User Guide**

**DISTRICT OFFICE**  
*BUSINESS & FINANCIAL SERVICES*

**October 20, 2008**  
**V.4**

# SAN DIEGO COMMUNITY COLLEGE DISTRICT

## Business & Financial Affairs

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# SDCCD TRAVEL EXPENSE CLAIM FORM APPLICATION LOGIN

Welcome to the SDCCD Business and Financial Services website.

SDCCD Travel Expense Program

### Travel Expense Form Login

DIRECTIONS:

- Enter your 7 digit Employee ID (refer to pay stub).
- Enter your Month and Day of birth in this format: (mm/dd).
- Click on the Login button to login.

Log in:

7 digit Employee ID:

Month and Day of Birth:  /

## Travel Expense Form login Instructions:

**TRAINING WEBSITE “ONLY”:** <http://ittest.sdccd.edu/bussrv/expense>

**PRODUCTION (LIVE DATA):** <http://bussrv.sdccd.edu/>

## Locate Quick Links Menu (left hand side of Business & Financial Affairs website)

- Click on “Travel Expense Forms”
- Click on first option “Travel (TR) Expense Claim Form Application” to launch Application

### Log in:

7 digit Employee ID:            XXXXXXXX            (located on your SDCCD pay stub)

**PLEASE NOTE:** If your ID# is 6 digits please place a “zero” in front of the digits

Month and Day of Birth:        mm dd                    (2 digits each field)

Click Log in Button

# TRAVEL EXPENSE FORM LIST



Welcome to the SDCCD Business and Financial Services website.

Name: Judy M. Korab SDCCD Travel Expense Program [LOGOUT](#)

## Travel Expense Form List

**DIRECTIONS:**

- Click on any field to view/edit Expense Form
- Click on **New Travel Expense Form** button to start new Expense Form
- Click on any column heading to sort by that column
- Change the Expense Status and the page will automatically refresh

[New Travel Expense Form](#)

Records Found: 1 - 19 of 19 Expense Status:  Page: | 1 |

Expense ID	Organization Name	Destination City	Start Date	End Date
335	State Controller's Office/Mandated Costs Div.	Sacramento	08/01/08	08/03/08
334	Chancellor's Office Statewide Budget Workshp	Fresno	07/07/08	07/07/08
329	ABC Accountants	Los Angeles	07/07/08	07/10/08
328	Calif Community Colleges, Chancellors Office	Sacramento	07/14/08	07/15/08
311	Bean Counters Association	Los Angeles	08/01/08	08/06/08
310	Datatel Users Conference	Los Angeles	07/15/08	07/15/08
C309				

After you login all of your Travel Expense Forms (Expense IDs) summary information will be displayed. By pulling down the drop-down box you can limit the selection to Open, Closed or Canceled.

# OPENING AN EXISTING TRAVEL EXPENSE FORM

Welcome to the SDCCD Business and Financial Services website.

Name: Judy M. Korab SDCCD Travel Expense Program [LOGOUT](#)

### Travel Expense Form List

**DIRECTIONS:**

- Click on any field to view/edit Expense Form
- Click on **New Travel Expense Form** button to start new Expense Form
- Click on any column heading to sort by that column
- Change the Expense Status and the page will automatically refresh

[New Travel Expense Form](#)

Records Found: 1 - 19 of 19 Expense Status:  Page: | 1 |

Expense ID	Organization Name	Destination City	Start Date	End Date
335	State Controller's Office/Mandated Costs Div.	Sacramento	08/01/08	08/03/08
334	Chancellor's Office Statewide Budget Works	Fresno	07/07/08	07/07/08
329	ABC Accountants	Los Angeles	07/07/08	07/10/08
328	Calif Community Colleges, Chancellor's Office	Sacramento	07/14/08	07/15/08
311	Bean Counters Association	Los Angeles	08/01/08	08/06/08
310	Datatel Users Conference	Los Angeles	07/15/08	07/15/08
C309				

**Click on the Expense ID # to open an existing Travel Expense Form**

**Click the Column Heading (Expense ID, Organization Name, etc.) to change the way data is sorted (ascending vs. descending)**

# CREATING A NEW TRAVEL EXPENSE FORM

The screenshot shows the SDCCD Business and Financial Services website. At the top left is the San Diego Community College District logo. A banner at the top right says "Welcome to the SDCCD Business and Financial Services website." Below the banner is a navigation bar with the user name "Name: Judy M. Korab", the page title "SDCCD Travel Expense Program", and a "LOGOUT" link. The main content area is titled "Travel Expense Form List". Underneath, there are "DIRECTIONS:" which include: "Click on any field to view/edit Expense Form", "Click on **New Travel Expense Form** button to start new Expense Form", "Click on any column heading to sort by that column", and "Change the Expense Status and the page will automatically refresh". A blue button labeled "New Travel Expense Form" is highlighted with a black arrow. Below the button, it says "Records Found: 1 - 19 of 19" and "Expense Status: - All -" with a dropdown arrow. On the right, it says "Page: | 1 |". A table with 5 columns (Expense ID, Organization Name, Destination City, Start Date, End Date) and 7 rows of data is shown. The first row has Expense ID 335, Organization Name "State Controller's Office/Mandated Costs Div.", Destination City "Sacramento", Start Date "08/01/08", and End Date "08/03/08". The last row has Expense ID "C309".

**Travel Expense Form List**

**DIRECTIONS:**

- Click on any field to view/edit Expense Form
- Click on **New Travel Expense Form** button to start new Expense Form
- Click on any column heading to sort by that column
- Change the Expense Status and the page will automatically refresh

**New Travel Expense Form**

Records Found: 1 - 19 of 19      Expense Status: - All -      Page: | 1 |

Expense ID	Organization Name	Destination City	Start Date	End Date
335	State Controller's Office/Mandated Costs Div.	Sacramento	08/01/08	08/03/08
334	Chancellor's Office Statewide Budget Works	Fresno	07/07/08	07/07/08
329	ABC Accountants	Los Angeles	07/07/08	07/10/08
328	Calif Community Colleges, Chancellor's Office	Sacramento	07/14/08	07/15/08
311	Bean Counters Association	Los Angeles	08/01/08	08/06/08
310	Datatel Users Conference	Los Angeles	07/15/08	07/15/08
C309				

**CLICK the "New Travel Expense Form"**

## TRAVEL EXPENSE FORM TABS

**Expense ID: TR-000356**

General | Proposed Budgets | Expenses | A/P | Actual Budgets

[Back To List](#) | [Save](#) | [Print Top Form](#) | [Print Bottom Form](#)

**Personal Information**

Last Name Korab		First Name Judy		MI M	District Employee? <input checked="" type="radio"/> Yes <input type="radio"/> No
Site District	Department Business Services	Position/Title Finance & Budget Analyst		Work Phone (619) 388-6982	
Home Address 123 Anytown St	Home City Any City	Home State CA	Home Zip 92019	Home Phone ( ) - -	
E-Mail Address jkorab@sdccd.edu		<a href="#">Click To Send Email</a>			

email\_name@email\_providers\_name Example: "abc@sdccd.edu"

- **GENERAL**
- **PROPOSED BUDGET(S)**

**Pre-Travel Authorization  
"TOP OF FORM"**

---

- **EXPENSES**

**Travel Expense Reimbursement  
"BOTTOM OF FORM"**

---

- Inquiry Only Sections:**
- **A/P**
  - **ACTUAL BUDGETS**

**Work Flow (Dates and Initials)  
If Balance due to Employee Campus/Site Liaison  
Office will enter budget information**

# OVERVIEW OF TRAVEL EXPENSE FORM

**Travel Expense Form**

**DIRECTIONS:**

- Click on the Tab Titles To Switch Between Parts Of The Form
- Click on the Save Button to save your work
- Click on the Print Buttons to print the Top or Bottom part of the Travel Expense Form.
- Click to view [District Travel Procedures](#)

**Expense ID: TR-000356**

General | Proposed Budgets | Expenses | A/P | Actual Budgets

[Back To List](#) | [Save](#) | [Print Top Form](#) | [Print Bottom Form](#)

**Personal Information**

Last Name Korab	First Name Judy	MI M	District Employee? <input checked="" type="radio"/> Yes <input type="radio"/> No
Site District	Department Business Services	Position/Title Finance & Budget Analyst	Work Phone (619) 388-6982
Home Address 123 Anytown St	Home City Any City	Home State CA	Home Zip 92019
E-Mail Address jkorab@sdccd.edu	<a href="#">Click To Send Email</a>		

email\_name@email\_providers\_name Example: "abc@sdccd.edu"

**Travel Information**

Name of Organization (If Any) Bean Counters Association of CA	Member of Organization? <input checked="" type="radio"/> Yes <input type="radio"/> No			
City Of Destination Los Angeles	State or Foreign Country CA	Start Date 12/22/00	End Date 01/02/01	Substitute Needed? <input type="radio"/> Yes <input checked="" type="radio"/> No

## TRAVEL EXPENSE FORM

### Pre-Travel Authorization

- + **GENERAL** – Employee and Travel Information
- + **PROPOSED BUDGETS** – Budget number (#) expenditure information
- + **PRINT TOP FORM** – Print Out Travel Request With Expenses hard copy form
  - + Authorized Signatures on Hard Copy of “Top Form”
  - + Include all Site TR information
  - + Include District AP Voucher information

## GENERAL TAB

**Expense ID: TR-000356**

General Proposed Budgets Expenses A/P Actual Budgets

[Back To List](#)
[Save](#)
[Print Top Form](#)
[Print Bottom Form](#)

**Personal Information**

Last Name: Korab First Name: Judy MI: M District Employee?  Yes  No

Site: District Department: Business Services Position/Title: Finance & Budget Analyst Work Phone: (619) 388-6982

Home Address: 123 Anytown St Home City: Any City Home State: CA Home Zip: 92019 Home Phone: ( ) - -

E-Mail Address: jkorab@sdccd.edu [Click To Send Email](#)

email\_name@email\_providers\_name Example: "abc@sdccd.edu"

**Travel Information**

Name of Organization (If Any): Bean Counters Association of CA Member of Organization?  Yes  No

City Of Destination: Los Angeles State or Foreign Country: CA Start Date: 12/28/08 End Date: 01/02/09 Substitute Needed?  Yes  No

Purpose of Travel & Potential Benefit to the District (Must be consistent with Education Code 87032 and District Policy 8960 as revised):  
Professional development.

Method of Travel:  
 Air  Train/Bus  Rental Car  Personal Car  Other

[Back To List](#)
[Save](#)
[Print Top Form](#)
[Print Bottom Form](#)

### Personal Information

- Last Name, First Name, MI is “Auto-Populated” using Colleague data
- District Employee – Yes or No button
- Site – Choose Site from Drop Down (**Important Information!**)
- Department – please enter
- Position/Title – please enter
- Work Phone – area code – XXX-XXXX
- Home Address – is “Auto-Populated” using Colleague data
- E-Mail Address – District e-mail address (i.e. [@sdccd.edu](mailto:jkorab@sdccd.edu))
- “Click To Send E-Mail” Bus. Office can use this feature to e-mail employee

**Click SAVE**

### Travel Information

- Name of Organization
- Member of Organization – Yes or No button
- City and State of Destination
- Start Date mm/dd/yy
- End Date mm/dd/yy
- Substitute Needed – Yes or No button
- Purpose of Travel & Potential Benefit to the District
- Method of Travel: Check boxes for Air, Train/Bus, Rental Car, Personal Car, Other

**Click SAVE**

## PROPOSED BUDGET(S)

Expense ID: TR-000356

General	Proposed Budgets	Expenses	A/P	Actual Budgets		
<a href="#">Back To List</a> <a href="#">Save</a> <a href="#">Print Top Form</a> <a href="#">Print Bottom Form</a>						
<b>Budget Expense Limitation</b>						
ABSO/CD/ G&C/SFA/ Budget Approvals	Fund	Detail Fund	Cost Center	Tops/ Program	Object	Amount
	11	1010	12345	641000	5352	1500.00
	12	1390	12345	601000	5352	200.00
						.00
Total Budget Expense Limitation:						1700.00
Are all or portion of expenses to be reimbursed by another agency? <input type="radio"/> No <input checked="" type="radio"/> Yes   If yes, provide the name of the agency: <input type="text" value="City Foundation Funds"/>						
Additional Notes/Comments						
<input type="text" value="City College Discretionary Foundation Budget will reimburse \$100 in travel costs."/>						
<b>Direct Pay/Cash Advance Requested?</b>						
(If Yes, attach a separate voucher for each payee)						
Registration						<input checked="" type="radio"/> Yes <input type="radio"/> No
Lodging (hotel, motel, etc.)						<input checked="" type="radio"/> Yes <input type="radio"/> No
Airline tickets (Fax approved TR to travel agency)						<input checked="" type="radio"/> Yes <input type="radio"/> No
Cash Advance (out-of-pocket expenses)						<input type="radio"/> Yes <input checked="" type="radio"/> No
Other (Specify)						<input type="radio"/> Yes <input checked="" type="radio"/> No   Description: <input type="text"/>
						<a href="#">SDCCD Voucher</a> <a href="#">SDCCD Voucher Instructions</a>

### Budget Expense Limitation

- Grants & Contracts, Special Funds and Child Development (Approvals)
- Budget # - Fund XX, Detail Fund XXXX, Cost Center XXXXX, TOP/Program XXXXXX, Object of Expenditure XXXX (21-digits)
- Amount
- Are all or portion of expenses to be reimbursed by another agency? Yes or No button  
If yes indicate name of Agency
- Additional Notes/Comments as needed (i.e. Amount of Reimbursement, etc.)

[Click SAVE](#)

### Direct Pay/Cash Advance Requested – Click Yes or No Buttons

- Registration
- Lodging
- Airline tickets (Fax signed/approved TR to travel agency)
- Cash Advance (ONLY if employee out-of-pocket expenses > \$200)
- Other (If yes enter description)

[Click SAVE](#)

# PRINT TOP FORM (Pre-Authorization to Travel Form)

## Travel Expense Form

**DIRECTIONS:**

- Click on the Tab Titles To Switch Between Parts Of The Form
- Click on the Save Button to save your work
- Click on the Print Buttons to print the Top or Bottom part of the Travel Expense Form.
- Click to view [District Travel Procedures](#)

**Expense ID: TR-000356**

General	Proposed Budgets	Expenses	A/P	Actual Budgets
<a href="#">Back To List</a>		<a href="#">Save</a>		<a href="#">Print Top Form</a>
<a href="#">Print Bottom Form</a>				
<b>Personal Information</b>				
Last Name Korab		First Name Judy		MI M
Site District		Department Business Services		District Employee? <input checked="" type="radio"/> Yes <input type="radio"/> No
Home Address 123 Anytown St		Home City Any City	Home State CA	Home Zip 92019
E-Mail Address jkorab@sdccd.edu		Position/Title Finance & Budget Analyst		
		Work Phone (619) 388 - 6982		
		Home Phone ( ) - -		
		<a href="#">Click To Send Email</a>		
email_name@email_providers_name Example: "abc@sdccd.edu"				

Click "PRINT TOP FORM"

Close Window | Print

TRAVEL REQUEST WITH EXPENSES		Person/Employee/Student ID No	
		SAN DIEGO COMMUNITY COLLEGE DISTRICT	
		TI	
PERMISSION IS HEREBY REQUESTED TO TRAVEL AS INDICATED BELOW			
Last Name, First Name, Middle Initial Korab, Judy, M		District Employee? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Site & Department District Business Services		Position/Title Finance & Budget Analyst	
Home Address (Include Zip code) 123 Anytown St Any City, CA 92019			
Email Address: korab@sdccd.edu			
Name of Organization (if any) Bean Counters Association of CA			
City Los Angeles	State or Foreign Country CA	Date(s) of Travel 12/28/08 - 01/02/09	
Purpose of Travel & Potential Benefit to the District: (Must be consistent with Education Code 87032 and District Policy 6900 as revised): Professional development.			
METHOD OF TRAVEL: <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Train/Bus <input checked="" type="checkbox"/> Rental Car <input type="checkbox"/> Personal Car		DIRECT PAY (If Yes, attach a	
BUDGET EXPENSE LIMITATION		Registration	
ABSO/CD/ GSC/SFA/ BUDGET APPROVALS	FUND	DETAIL FUND	COST CENTER
			TOPS/ PROGRAM
			OBJECT
			AMOUNT
	11	1010	12345
			641000
			5352
			\$1,300.00
	12	1390	12345
			601000
			5352
			\$200.00
TOTAL BUDGET EXPENSE LIMITATION =>			\$1,500.00
Are all or portion of expenses to be reimbursed by another agency? <input type="radio"/> No <input checked="" type="radio"/> Yes/Name of Agency: City Foundation Funds			
(Please Attach Copy of Invoice or Reimbursement Check)			
Add'l. Notes/Comments (Use separate sheet if necessary): City College Discretionary Foundation Budget will reimburse \$100 in travel costs.			
		FOR A/P USE ONLY	
		Open Travel Request	
		Post Direct Pay/Cash Advance	
		Post Air Fare Information	
		Post TR Expense Claim	
		Close Travel Request	
		VanFact by: Patricia Hansen	

**Top Part of Travel Expense Form**  
Click "Print"  
Then Click "Close Window"

**Sign and submit all necessary travel documentation with this Travel Expense Pre-Authorization Form through your site's proper channels.**

## EXPENSES

### Return From Travel (Submitting Travel Expense Claim Information)

+ **EXPENSES** (Receipts Not Required)

- Meals & Incidentals
- Transportation by Car (MapQuest estimate)

+ **EXPENSES** (Receipts Required)

- Lodging
- Registration Fees
- Air – District approved Travel Agency or paid by self
- Taxicab, City Bus, Parking
- Telephone
- Others (Itemize)

### (Receipts Not Required Section)

Expense ID: TR-000356

General Proposed Budgets Expenses A/P Actual Budgets

Back To List Save Print Top Form Print Bottom Form

variables = 1

**Travel Expense Claim**

Depart Date 12/28/08 Time 05:30  AM  PM  
mm/dd/yy hh:mm

Return Date 01/02/09 Time 08:00  AM  PM  
mm/dd/yy hh:mm

**\*\* PLEASE ENTER TRIP DATE (MM/DD/YY) INFORMATION PRIOR TO ENTERING EXPENSE DOLLAR INFORMATION \*\***

Dates 12/28/08 12/29/08 12/30/08 12/31/08 01/01/09 01/02/09   
mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

Receipts Not Required	Dir. Pay Cash Adv.	SUN MON TUE WED THU FRI SAT							TOTAL	
Breakfast (Per Diem Max. \$10)	.00	.00	.00	.00	.00	.00	.00	.00	0.00	0.00
Lunch (Per Diem Max. \$15)	.00	.00	.00	.00	.00	.00	.00	.00	0.00	0.00
Dinner (Per Diem Max. \$21)	.00	.00	.00	.00	.00	.00	.00	.00	0.00	0.00
Incidentals	.00	.00	.00	.00	.00	.00	.00	.00	0.00	0.00
<b>Total Meals &amp; Incidentals</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Per Diem (Daily Max \$46)		46.00	46.00	46.00	46.00	46.00	46.00	0.00		276.00
Add Difference Between Actual and Per Diem Expenses? <input checked="" type="radio"/> Yes <input type="radio"/> No										276.00
Maximum Allowed Expense For Meals and Incidentals										276.00

As of 7/1/08 mileage rate is .585 cents per mile

### Total Meals & Incidentals Section

1. Departure Date mm/dd/yy (will auto-populate from General Tab Dates)
2. Enter Departure Time hh:mm and choose AM or PM button
3. Enter Return Date mm/dd/yy (will auto-populate from General Tab Dates)
4. Enter Return Time hh:mm and choose AM or PM button

5. Enter Date(s) mm/dd/yy into Date(s) Cells

**\*\*\*IMPORTANT\*\*\* You will not be able to enter expenditure information into the expenditure cells until date(s) have been entered.**

**Click SAVE**

**EXPENSES**  
**(Receipts Not Required Section - Continued)**

- 6. Enter Breakfast, Lunch, Dinner and Incidental information**  
**See Multiple Day Travel Status Per Diem Grid below:**

MULTIPLE DAY TRAVEL STATUS PER DIEM GRID				
	Breakfast \$10	Lunch \$15	Dinner \$21	Total Daily Per Diem Allowable
<b>First Day of Travel</b>				
Leave before 8:00 a.m.	Yes	Yes	Yes	\$46.00
Leave before 12:00 noon		Yes	Yes	\$36.00
Leave after 5:00 p.m.			Yes	\$21.00
<b>Last Day of Travel</b>				
Arrive before 8:00 a.m.				\$0
Arrive before 12:00 noon	Yes			\$10.00
Arrive before 5:00 p.m.	Yes	Yes		\$25.00
Arrive after 5:00 p.m.	Yes	Yes	Yes	\$46.00

- 7. Click Yes or No to add difference between Actual & Per diem expenses**

**Examples of YES or NO Scenarios:**

Click “NO” = partial day of travel or claiming less than per diem

Click “NO” = when actual meal costs > than allowable meal costs

Click “NO” = all meal costs included in Registration Fee

Click “YES” = if full day of travel \$46/day per diem limitation claimed  
w/o having to enter meal detail

**Click SAVE**

Transportation By Personal Car		Maximum Allowed Expense for meals and incidental							
27.40 miles @ .585 = 16.03	.00	0.00	8.01	.00	.00	8.02	0.00	0.00	16.03
Receipts Required									

**Transportation By Personal Car**

- 1. Enter mileage expenses in daily cell(s). PLEASE NOTE: Cells on left can assist you with calculating mileage reimbursement figure.**

## EXPENSES (Receipts Required Section)

Receipts Required									
Lodging - Hotel, Motel, Etc.	400.00	100.00	100.00	100.00	100.00	100.00	.00	0.00	500.00
Registration Fees	375.00	375.00	.00	.00	.00	.00	.00	0.00	375.00
Air Transportation									
<input type="radio"/> Purchased & Paid by Self <input checked="" type="radio"/> Purchased by District Travel Agency									
Travel Agency									
Balboa	300.00	157.50	.00	.00	.00	.00	157.50	0.00	315.00
Taxicab, City Bus, Parking	.00	.00	.00	.00	.00	.00	.00	0.00	0.00
Telephone	.00	.00	.00	.00	.00	.00	.00	0.00	0.00
Others (Itemize)	.00	.00	.00	.00	.00	.00	.00	0.00	0.00
<b>Total Daily Expenses</b>		<b>641.27</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>157.50</b>	<b>0.00</b>	<b>1198.77</b>
Total Direct Pays And Travel Expenses		1075.00	A. Total Allowable Travel Expenses						1474.77
Add Cash Advances, If Any		0.00	B. Total Budget Expense Limitation						1500.00
Total Direct Pay & Advances		1075.00	C. Less Direct Pays & Cash Advances						1075.00
Balance Due Is Calculated As Follows: If A is equal to or less than B, deduct C and D from A. If A is more than B, deduct C and D from B.		D. Less Amount Reimbursed or Billed To Another Agency						.00	
		E. Balance Due (If negative make check payable to SDCCD)						399.77	

### Receipts Required Section

1. Lodging (Hotel, Motel, etc.)
2. Registration Fees
3. Air Transportation – Purchased & Paid by Self or Purchased by District Travel Agency (enter Travel agency name)
4. Taxicab, City Bus, Parking
5. Telephone, telegraph
6. Others (attach itemized list)

Click **SAVE**

### Form Calculations

**Total Daily Expenses = Actual Out-of-Pocket Expenses Total for Tax Purposes**

- A. Total Allowable Travel Expenses = (Per Diem Limitation + Mileage + Required Receipt Expenses)
- B. Total Budget Expense Limitation = Proposed Budget(s) Total
- C. Less Direct Pays & Cash Advances = A/P Direct Pays + Cash Advances
- D. Less Amount Reimbursed or Billed to Another Agency = “Enter” Amount into cell (see Proposed Budget(s) tab)
- E. Balance Due – (If **negative** make check payable to SDCCD)

## PRINT BOTTOM FORM (Travel Expense Claim Form)

Expense ID: TR-000356

General	Proposed Budgets	Expenses	A/P	Actual Budgets									
<span style="margin: 0 10px;">Back To List</span> <span style="margin: 0 10px;">Save</span> <span style="margin: 0 10px;">Print Top Form</span> <span style="margin: 0 10px;">Print Bottom Form</span>													
variables = 1													
<b>Travel Expense Claim</b>													
Depart Date	12/28/08	Time	05:30	<input checked="" type="radio"/> AM <input type="radio"/> PM									
	mm/dd/yy		hh:mm										
Return Date	01/02/09	Time	08:00	<input type="radio"/> AM <input checked="" type="radio"/> PM									
	mm/dd/yy		hh:mm										
<b>** PLEASE ENTER TRIP DATE (MM/DD/YY) INFORMATION PRIOR TO ENTERING EXPENSE DOLLAR INFORMATION **</b>													
Dates	12/28/08	12/29/08	12/30/08	12/31/08	01/01/09	01/02/09							
	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy						
Dir. Pay					SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	
Cash Adv.													
Breakfast (Per Diem Max. \$10)					.00	.00	.00	.00	.00	.00	.00	0.00	0.00

Click "PRINT BOTTOM FORM"

Close Window | 
 Print

<b>TRAVEL EXPENSE CLAIM (MUST BE SUBMITTED UPON COMPLETION OF TRAVEL)</b>				Person/Employee/Student ID No: _____					
				<b>SAN DIEGO COMMUNITY COLLEGE DISTRICT</b>				<b>TR</b>	
Last Name, First Name, Middle Initial						District Employee?			
Korab, Judy, M						<input checked="" type="radio"/> Yes <input type="radio"/> No			
Site & Department						Position/Title			
District Business Services						Finance & Budget Analyst			
Home Address (Include Zip code)									
123 Anytown St Any City, CA 92019									
Email Address:									
jkorab@sdccd.edu									
Name of Organization (if any)									
Bean Counters Association of CA									
City			State or Foreign Country		Date(s) of Travel				
Los Angeles			CA		12/28/08 - 01/02/09				
Purpose of Travel & Potential Benefit to the District: (Must be consistent with Education Code 87032 and District Policy 8960 as revised) :									
Professional development.									
DEPARTURE DATE/TIME:		12/28/08	05:30 AM	DATES---	12/28/08	12/29/08	12/30/08	12/31/08	01/01/09
RETURN ARRIVAL DATE/TIME:		01/02/09	08:00 PM	DIR. PAY/	ACTUAL EXPENSES				
		CASH ADV.		SUN	MON	TUE	WED	THU	
RECEIPTS	NOT REQUIRED	EXPENSE ITEM							
		BREAKFAST (Per Diem Max \$10)							
		LUNCH (Per Diem Max \$15)							
		DINNER (Per Diem Max \$21)							
		INCIDENTALS (include necessary but unreceipted expenses)							
		TOTAL ACTUAL MEALS & INCIDENTALS							
PER DIEM LIMITATION				\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00
								Add Difference Between Actual and Per Diem	
As of 7/1/08 mileage rate is .585 cents per mile								Maximum Allowed Expense	
TRANSPORTATION BY PERSONAL CAR									

### Bottom Part of Travel Expense Form

Click "Print"

Click "Close Window"

Sign and submit all necessary travel documentation and receipts with this "Bottom of Form" Travel Expense Claim through your sites proper channels.

## A/P Section “Inquiry Only”

### Travel Expense Form

**DIRECTIONS:**

- Click on the Tab Titles To Switch Between Parts Of The Form
- Click on the Save Button to save your work
- Click on the Print Buttons to print the Top or Bottom part of the Travel Expense Form.
- Click to view [District Travel Policy](#)

**Expense ID: TR-000330**

General	Proposed Budgets	Expenses	A/P	Actual Budgets
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Back To List Save Print Top Form Print Bottom Form

For A/P Use Only			Verification by Campus/Department Liaison Officer		
	Initial	Date mm/dd/yy		Initial	Date mm/dd/yy
Open Travel Request	LS	07/03/08	Travel Request	BL	06/15/08
Post Direct Pay/Cash Advances	LS	06/21/08	Travel Expense Claim	BL	07/17/08
Post Air Fare Information	LS	07/15/08			
Post TR Expense Claim	LS	07/19/08			
Close Travel Request					

**Cancel/Void Expense Report**

	Initial	Date mm/dd/yy
Cancel/Void		

**Notes/Comments**

City College Foundation check in the amount of \$100 attached to the final claim 07/19/08 LS

Back To List Save Print Top Form Print Bottom Form

#### Verification by Campus/Department Liaison Officer (Site Access Only)

- Travel Request (Pre-Authorization) person’s initial and date mm/dd/yy
- Travel Expense Claim (Final Reimbursement Claim) person’s initial and date mm/dd/yy

#### Cancel/Void Expense Report (A/P and Site Access Only)

- Site Business Services Office or AP will Use Only If TR was created In Error

#### For A/P Use Only (A/P Access Only)

- Open Travel Request
- Post Direct/Pay Cash Advances on EXPENSES TAB
- Post Air Fare Information
- Post TR Expense Claim (Final reimbursement/or balance due)
- Close Travel Request (when TR Claim is complete then claim becomes [READ ONLY](#))

#### Notes/Comments

- For A/P and Campus/Department Liaison Officers to enter notes/comments

## Actual Budget(s) Section “Inquiry only”

Expense ID: TR-000356

General	Proposed Budgets	Expenses	A/P	Actual Budgets			
				<a href="#">Back To List</a>	<a href="#">Save</a>	<a href="#">Print Top Form</a>	<a href="#">Print Bottom Form</a>
<b>Actual Budget Expense</b>							
Reference	Account Number					Amount	Description/Comments
Fund	Def.Fnd	C.C.	Tops	Obj			
11	1010	12345	641000	5352	399.77	TR000356	
					.00		
					.00		
Total Amount:					399.77		

### Actual Budget Expense (A/P and Business Services Site Access Only)

- Enter Budget # (21 digits) ONLY if employee is due final payment
- Enter Amount due employee (attach reimbursement check to TR)
- Description/Comments can be added if needed

## **CAMPUS/SITE CONTACT INFORMATION**

<b>CONTACT INFORMATION: Site/Department</b>	<b>Area Code (619) Telephone Number</b>
<b>City College - Business Services</b>	<b>388-3428</b>
<b>Continuing Education Headquarters - Business Services</b>	<b>388-4821</b>
<b>District Office – Accounts Payable</b>	<b>388-6554</b>
<b>Mesa College – Business Services</b>	<b>388-2771</b>
<b>Miramar College – Presidents Office</b>	<b>388-7834</b>
<b>Business Office</b>	<b>388-7815</b>
<b>Technical Liaison - DO Budget Office (Judy Korab)</b>	<b>388-6982</b>