

THIS FORM MUST BE RECEIVED IN THE BUSINESS OFFICE WITHIN 14 DAYS FOLLOWING THE TRIP END DATE.

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Voucher# \_\_\_\_\_

Department: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTUAL COSTS**

1. Please refer to Board Policy 7400 Rules Applicable to All Travel.
2. All Itemized receipts must be submitted with completed form.
3. Send the form through the Adobe Sign signature process, then to Purchasing@redwoods.edu, or cc Purchasing@redwoods.edu through Adobe Sign.

	Out-of-Pocket Expenses	Paid by Cal-Card
Registration .....	\$ _____	\$ _____
Air Fare .....	\$ _____	\$ _____
Car Rental .....	\$ _____	\$ _____
Taxi, Rideshare, Tolls, Shuttle, Parking.....	\$ _____	\$ _____
Lodging .....	\$ _____	\$ _____
Private Car: _____ miles x _____ per mile .....	\$ _____	\$ _____
Other .....	\$ _____	\$ _____
Meals .....	\$ _____	\$ _____
<b>Total Cost</b>	\$ _____	\$ _____
<b>Less Advance</b>	\$ _____	
<b>Reimbursement to Employee</b>	\$ _____	
<b>Reimbursement to District</b>	\$ _____	
<b>TOTAL TRIP COST</b>	\$ _____	

	Number of meals	-	Number of meals provided at event or Hotel	=	Total Meals	
Breakfast(s)	_____	-	_____	=	_____	@ \$11.00 ea.
Lunch(es)	_____	-	_____	=	_____	@ \$13.00 ea.
Dinner(s)	_____	-	_____	=	_____	@ \$23.00 ea.

\*Meal allowances on the **initial day of travel** are payable if it was necessary to leave the work site on or before the following times:

Breakfast: 7:00 am  
Lunch: 11:00am  
Dinner: 5:00pm

\*Meal allowances on the **day of return** are payable if return to work site or residence, exclusive of eating time, was on or after the following times:

Breakfast: 9:00 am  
Lunch: 1:00am  
Dinner: 7:00pm

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**APPROVED BY:**

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Manager: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Senior Staff: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(out-of-state travel only)*

**\*Travel outside of the country requires Board Approval prior to travel.**

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SUBFUND

COST CENTER

PROGRAM

ACTIVITY

OBJECT

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