

**COAST COMMUNITY COLLEGE DISTRICT
CONFERENCE / MEETING / WORKSHOP
REIMBURSEMENT CLAIM FORM**

(must be completed for ALL travel)

**** IPD SAMPLE CLAIM FORM ****

CAR#: Located on your CAR Database Receipt

[\[How to download\]](#)

Name Jane Doe CCC District GWC OCC
First Name Middle Initial Last Name

Name of Conference Fall Plenary 2025 **Employee ID:** E12345

Attendance Date(s) February 1 - 3, 2025

ATTACH ITEMIZED RECEIPTS OR AN INVOICE THAT INCLUDES THE PROOF OF PAYMENT. DO NOT SUBMIT DOCUMENTS THAT ONLY SHOW THE PRICE ALLOWABLE EXPENSES

(Complete Upon Return Even if No Additional Expenses are Claimed; Attach receipts/documentation in the order listed below)

Airfare Include itemized receipt. If you traveled with a companion, be sure to only claim <u>your</u> charges.	
Auto Rental/Auto Rental Insurance Include itemized receipt	
Mileage Must include a Google map. 2025 rate = 70 cents per mile roundtrip from GWC.	0.00
Lodging Must include the Hotel Folio since this documents an itemized description of all fees.	
Registration Receipt must show the method of payment; not just the price of the registration. Check if your registration confirmation email includes a link to download a more detailed receipt. Most reimbursements are delayed due to invalid registration receipts.	
Meals Paid at a per diem rate. Receipts are no longer required. Meal expenses incurred during authorized travel will be paid in accordance with the prevailing per diem rates established by the U.S. General Services Administration (GSA) for Orange County, CA : Not to exceed \$81/day (sublimits per meal listed below)	
Meals will not be reimbursed if they are included in the cost of the conference. Expenses for additional meals or a substitute are not allowable unless you provide a written explanation of the necessity (e.g. special diet, medical issues) DATE: _____ and include documentation of the inability of the conference to provide the substitute meal.	
Breakfast \$22/day	
Lunch \$23/day	
Dinner \$36/day	
Other Misc. Expenses	
Parking Include itemized receipt	
Shuttle/Taxi/Rideshare Include itemized receipt	
Other:	

SAMPLE FORM - DO NOT FILL OUT

TOTAL ACTUAL EXPENSES CLAIMED: _____ .00

If your registration or other fees were paid in advance, enter that amount here:
LESS ADVANCE AND/OR AMOUNTS CHARGED TO DISTRICT P-CARDS _____

P-Card Holder / Check Number _____

BALANCE TO EMPLOYEE/(NET AMOUNT OF THIS CLAIM) _____

**** Additional required documents****

1. Conference agenda/program
2. CAR Database Receipt [\[How to download\]](#). For International Travel, also include your Board Letter.

I certify the above were all actual and necessary expenses incidental to this conference/meeting/workshop.

Budget Number(s) _____ **Budget Amount(s)** _____
 Budget # - found on your CAR & Database Receipt Enter the amount of approved funding for the budget #

Claimant Wait to sign until **AFTER** you combine this form with all your receipts or it will lock the file. **Date** _____

Supervisor Route Reimbursement packet to your dean to sign **Date** _____ Enter a secondary Budget #, if applicable

Business Office Manager _____ **Date** _____

Submit to GWCBusinessServices@ccd.edu

This claim meets the provisions of E.C. 87032 and is for actual and necessary expenses approved beforehand and in accordance with Board of Trustees Policy, as shown on the attached excerpts of Board Minutes or Administrative Approval.

HOW TO COMBINE DOCUMENTS TO CREATE A SINGLE PDF FILE