



# TRAVEL REQUEST

T# 78363  
Assigned by Budget Office

- Out-of-state (and over 500 miles) travel requests require board approval - fax completed travel request forms for campus personnel to your campus Vice President, Business Services, or for District personnel, to the District Budget Office.
- Requisitions are required for any prepayments.
- Itemized Expense Reimbursement form, with itemized receipts must be submitted within 30 working days after returning from trip.
- Do not use acronyms when filling out this form.

Name Lisa Martin Department & Location COUNSELING/NORCO COLLEGE

Official Job Title ASSOCIATE PROF. COUNSELING Travel Dates - Departing 10/03/18 Returning 10/05/18

Event Name / Purpose of Travel STRENGTHENING STUDENT SUCCESS CONFERENCE

Travel Destination - (Address, City, State) 11999 HARBOR BOULEVARD GARDEN GROVE, CA 92840

## Estimated Costs: (Include All Costs Paid by District Funds)

1. Mileage	\$ <u>2.94</u> <u>5.4</u> miles @ <u>.545</u> cents per mile)
2. Airfare	\$ <u>0.00</u> PR#
3. Hotel	\$ <u>407.40</u> PR# <u>20109862</u>
4. Meals	\$ <u>120.00</u> PR# <u>20109860</u>
5. Registration Fee	\$ <u>650.00</u> PR# <u>20109861</u>
6. Parking	\$ <u>30.00</u> PR# <u>20109860</u>
7. Taxi / Car Rental	\$ PR#
8. Other	\$ PR#
Total	\$ <u>1210.34</u> Estimated Costs

## Student Information:

1. Total number of students (Attach a list of student names)	
2. Total student travel costs (Not included in Estimated Costs section)	\$
Funding Source(s) Amount	
add onto 20109860	
Sent to Accounts Payable	
Total	\$ 0.00

## Funding Source (General Fund, Grant Fund, etc.)

SSSP

Total

## Amount

\$ 1210.34

\$

\$

\$ 1210.34

## Budget Code

12/54/1190/0/6301/0080/5220

/ / / / /

/ / / / /

(Must equal Total Estimated Costs)

Lisa Martin

Traveler (print name)

Dr. Tenisha James

Supervisor/Department Chair (print name)

Dr. Monica Green

College Vice President, (print name)  
(If Applicable)

Dr. Michael Collins

College Vice President, Business Services (print name)  
(If Applicable)

Dr. Bryan Reece

President/Vice Chancellor/Chancellor (print name)

Signature

Signature

Signature

Signature

Signature

Date

9/8/18  
SEP 04 2018

Date

SEP 04 2018

Date

9/4/18

Date

9/6/18

Date





# RIVERSIDE COMMUNITY COLLEGE DISTRICT

## Itemized Expense Reimbursement

Employee Name	Lisa Martin	TR #	28363
Date(s) of Travel	October 3, 2018-October 5th, 2018	Travel Location	Garden Grove, CA
Name of Conference	Strengthening Student Success Conference		

TRAVEL EXPENSES									
Travel Budget Codes(s)	12 / EZT / 1190 / 0 / 630 / 1 / 0080 / 5220	\$ or %		/ / / / / / / /		\$ or %			
	/ / / / / / / /	\$ or %		/ / / / / / / /		\$ or %			
Date(s)	10/03/18	10/04/18	10/05/18						Total Travel Expense(s)
Mileage	1.47 miles @ \$ .545 cents per mile = \$ 0.80								\$ 0.80
Airfare									0.00
Hotel/Lodging (do not include incidentals here)	407.40								407.40
Business Calls/Fax/Internet/Copies									0.00
Business Meals	Breakfast	33.67	36.42						70.09
	Lunch								0.00
	Dinner	35.71	24.44						60.15
Registration Fee / Material Fee / Educational Item(s)	550.00								550.00
Parking/Fuel									0.00
Ground Transportation									0.00
Total Travel Expense(s)	\$ 1,026.78	\$ 60.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,088.44

PREPAYMENT(S)/TRAVEL ADVANCE(S)			
PO # / Contract #		Vendor	Amount
P0068532	Hilton Hotel		\$ 407.40
		Total Prepayment(s)/Travel Advance(s)	\$ 407.40

		NON-TRAVEL EXPENSE(S)	
Item(s) Purchased		Non-Travel Budget Codes(s)	Amount
1.		__/__/__/0/__/__/__/	
2.		__/__/__/0/__/__/__/	
3.		__/__/__/0/__/__/__/	
Justification for Emergency Purchase			Amount
1.		Total Travel Expense(s)	\$ 1,088.44
		Total Prepayment(s)/Travel Advance(s)	407.40
2.		Total Non-Travel Expense(s)	0.00
		Balance Due	\$ 681.04
3.		If balance due is negative, please wait for email from A/P with instructions for reimbursing the District	

I hereby request reimbursement for the expenses incurred as stated above. I understand that I will only be reimbursed for those expenses substantiated by the attached original itemized receipts.

Traveler/Employee's Signature		Date	10/10/18
Supervisor's Signature		Date	
Vice President's Signature (if applicable)		Date	





# TRAVEL REQUEST

T# 28231  
Assigned by Budget Office

- Out-of-state (and over 500 miles) travel requests require board approval - fax completed travel request forms for campus personnel to your campus Vice President, Business Services, or for District personnel, to the District Budget Office.
- Requisitions are required for any prepayments.
- Itemized Expense Reimbursement form, with itemized receipts must be submitted within 30 working days after returning from trip.
- Do not use acronyms when filling out this form.

Name Jethro Midgett Department & Location Counseling/Norco College

Official Job Title Associate Counseling Professor Travel Dates - Departing 09/26/18 Returning 09/26/18

Event Name / Purpose of Travel CSU counselors conference

Travel Destination - (Address, City, State) 300 East Green st. Pasadena, California 91101

## Estimated Costs: (Include All Costs Paid by District Funds)

1. Mileage \$ 297.54 miles @ 54 cents per mile)  
2. Airfare \$ \_\_\_\_\_ PR# \_\_\_\_\_  
3. Hotel \$ \_\_\_\_\_ PR# \_\_\_\_\_  
4. Meals \$ \_\_\_\_\_  
5. Registration Fee \$ 85.00 PR# \_\_\_\_\_  
6. Parking \$ 13.00 PR# \_\_\_\_\_  
7. Taxi / Car Rental \$ \_\_\_\_\_ PR# \_\_\_\_\_  
8. Other \$ \_\_\_\_\_ PR# \_\_\_\_\_  
Total \$ 127.75 Estimated Costs \$ 0 Prepayments \$ 127.75

PR# for Balance 20109459

## Student Information:

1. Total number of students \_\_\_\_\_  
(Attach a list of student names)  
2. Total student travel costs \$ \_\_\_\_\_  
(Not included in Estimated Costs section)  
Funding Source(s) Amount  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Total \$ 0.00

## Funding Source (General Fund, Grant Fund, etc.)

SSSP  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total

Amount  
\$ 127.75  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ 127.75

Budget Code  
12621 1190 / 01 6201 0089 5200  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Must equal Total Estimated Costs)

Jethro H. Midgett IV

Traveler (print name)

Dr. Tenisha James

Supervisor/Department Chair (print name)

Dr. Monica Green

College Vice President, (print name)  
(If Applicable)

Dr. Michael Collins

College Vice President, Business Services (print name)  
(If Applicable)

Dr. Bryan Reece

President/Vice Chancellor/Chancellor (print name)

Signature

Signature

Signature

Signature

Signature

Date

7/24/18  
AUG 20 2018

Date

AUG 21 2018

Date

8/21/18

Date

AUG 23 2018

Date





# RIVERSIDE COMMUNITY COLLEGE DISTRICT

## Itemized Expense Reimbursement

Employee Name	JETHRO MIDGETT	TR #	28231
Date(s) of Travel	9/26/18	Travel Location	PASADENA, CA
Name of Conference	CSU COUNSELOR CONFERENCE		

### TRAVEL EXPENSES

Travel Budget Codes(s)	12 / EZT / 1190 / 0 / 6301 / 0080 / 5220	\$ or %	100	___/___/___/0/___/___/___/___	\$ or %	Total Travel Expense(s)
	___/___/___/0/___/___/___/___	\$ or %		___/___/___/0/___/___/___/___	\$ or %	
Date(s)	09/26/18					
Mileage	54.6 miles @ \$ .545 cents per mile = \$ 29.76					\$ 29.76
Airfare						0.00
Hotel/Lodging (do not include incidentals here)						0.00
Business Calls/Fax/Internet/Copies						0.00
Business Meals	Breakfast					0.00
	Lunch					0.00
	Dinner					0.00
Registration Fee / Material Fee / Educational Item(s)	85.00					85.00
Parking/Fuel						0.00
Ground Transportation						0.00
Total Travel Expense(s)	\$ 85.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 114.76

### PREPAYMENT(S)/TRAVEL ADVANCE(S)

PO # / Contract #	Vendor	Amount
Total Prepayment(s)/Travel Advance(s)		\$ 0.00

### NON-TRAVEL EXPENSE(S)

Item(s) Purchased	Non-Travel Budget Codes(s)	Amount
1.	___/___/___/0/___/___/___/___	
2.	___/___/___/0/___/___/___/___	
3.	___/___/___/0/___/___/___/___	
Justification for Emergency Purchase		Amount
1.	Total Travel Expense(s)	\$ 114.76
	Total Prepayment(s)/Travel Advance(s)	0.00
2.	Total Non-Travel Expense(s)	0.00
	Balance Due	\$ 114.76
3.	If balance due is negative, please wait for email from A/P with instructions for reimbursing the District	

I hereby request reimbursement for the expenses incurred as stated above. I understand that I will only be reimbursed for those expenses substantiated by the attached original itemized receipts.

Traveler/Employee's Signature		Date	10/10/18
Supervisor's Signature		Date	
Vice President's Signature (if applicable)		Date	



# RIVERSIDE COMMUNITY COLLEGE DISTRICT

## Itemized Expense Reimbursement

Employee Name	Erin Spurbek	TR #	27218
Date(s) of Travel	5/8/18	Travel Location	Riverside
Name of Conference	2018 Ensuring Transfer Success Conference		

### TRAVEL EXPENSES

Travel Budget Codes(s)	12, EZT, 1190, 6301, 0080, 5220	\$ or %	100	___/___/___/01/___/___/___/___	\$ or %	Total Travel Expense(s)
	___/___/___/01/___/___/___/___	\$ or %		___/___/___/01/___/___/___/___	\$ or %	
Date(s)	05/08/18					
Mileage	23.60 miles @ \$ .545 cents per mile = \$ 12.86					\$ 12.86
Airfare						0.00
Hotel/Lodging (do not include incidentals here)						0.00
Business Calls/Fax/Internet/Copies						0.00
Business Meals	Breakfast					0.00
	Lunch					0.00
	Dinner					0.00
Registration Fee / Material Fee / Educational Item(s)	110.00					110.00
Parking/Fuel	0.00					0.00
Ground Transportation						0.00
Total Travel Expense(s)	\$ 110.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 122.86

### PREPAYMENT(S)/TRAVEL ADVANCE(S)

PO # / Contract #	Vendor	Amount
PO064918	California Community College Chancellor's Office	\$ 110.00
Total Prepayment(s)/Travel Advance(s)		\$ 110.00

### NON-TRAVEL EXPENSE(S)

Item(s) Purchased	Non-Travel Budget Codes(s)	Amount
1.	___/___/___/01/___/___/___/___	
2.	___/___/___/01/___/___/___/___	
3.	___/___/___/01/___/___/___/___	
Justification for Emergency Purchase		Amount
1.	Total Travel Expense(s)	\$ 122.86
	Total Prepayment(s)/Travel Advance(s)	110.00
2.	Total Non-Travel Expense(s)	0.00
	Balance Due	\$ 12.86
3.	If balance due is negative, please wait for email from A/P with instructions for reimbursing the District	

I hereby request reimbursement for the expenses incurred as stated above. I understand that I will only be reimbursed for those expenses substantiated by the attached original itemized receipts.

Traveler/Employee's Signature	<i>Erin Spurbek</i>	Date	5/17/18
Supervisor's Signature		Date	
Vice President's Signature (if applicable)		Date	





# TRAVEL REQUEST

T# 27218  
Assigned by Budget Office

- Out-of-state (and over 500 miles) travel requests require board approval - fax completed travel request forms for campus personnel to your campus Vice President, Business Services, or for District personnel, to the District Budget Office.
- Requisitions are required for any prepayments.
- Itemized Expense Reimbursement form, with itemized receipts must be submitted within 30 working days after returning from trip.
- Do not use acronyms when filling out this form.

Name Erin Spurbeck Department & Location Counseling/Norco  
Official Job Title Counselor Travel Dates - Departing 05/08/18 Returning 05/08/18  
Event Name / Purpose of Travel 2018 Ensuring Transfer Success Conference  
Travel Destination - (Address, City, State) Riverside Convention Center 3627 Fifth Street Riverside, CA 92501

## Estimated Costs: (Include All Costs Paid by District Funds)

1. Mileage	\$ <u>17.87</u> ( <u>23.60</u> miles @ <u>.545</u> cents per mile)
2. Airfare	\$ _____ PR# _____
3. Hotel	\$ _____ PR# _____
4. Meals	\$ _____
5. Registration Fee	\$ <u>110.00</u> PR# <u>20103004</u>
6. Parking	\$ <u>8.00</u> PR# _____
7. Taxi / Car Rental	\$ _____ PR# _____
8. Other	\$ _____ PR# _____
<b>Total</b>	\$ <u>130.87</u> - \$ <u>110.00</u> = \$ <u>20.87</u>
	Estimated Costs      Prepayments      Balance
	PR# for Balance _____

## Student Information:

1. Total number of students (Attach a list of student names)	_____
2. Total student travel costs (Not included in Estimated Costs section)	\$ _____
<b>Funding Source(s)</b>	<b>Amount</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ <u>0.00</u>

*Sent to Accounts Payable*  
**MAR 06 2018**  
**COPY**

## Funding Source (General Fund, Grant Fund, etc.)

## Amount

## Budget Code

SSSP	\$ <u>130.87</u>	12 / EZT / 1190 / 0 / 6301 / 0080 / 5220
_____	\$ _____	____ / ____ / ____ / 0 / ____ / ____ / ____
_____	\$ _____	____ / ____ / ____ / 0 / ____ / ____ / ____
<b>Total</b>	\$ <u>130.87</u>	

(must equal Total Estimated Costs)

Erin Spurbeck  
Traveler (print name)  
Dr. Tenisha James  
Supervisor/Department Chair (print name)  
Dr. Monica Green  
College Vice President, Student Services (print name)  
(If Applicable)  
James Reeves  
College Vice President, Business Services (print name)  
(If Applicable)  
Dr. Bryan Reece  
President/Vice Chancellor/Chancellor (print name)

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date



# RIVERSIDE COMMUNITY COLLEGE DISTRICT

## Itemized Expense Reimbursement

Employee Name	DAVID PAYAN	TR #	28675
Date(s) of Travel	9/26/18	Travel Location	PASADENA, CONVENTION CENTER
Name of Conference	CSU COUNSELOR CONFERENCE		

### TRAVEL EXPENSES

Travel Budget Codes(s)	12, EZT, 1190, 6301, 0080, 5220	\$ or %	100	___/___/___/0/___/___/___/___	\$ or %	Total Travel Expense(s)
	___/___/___/0/___/___/___/___	\$ or %		___/___/___/0/___/___/___/___	\$ or %	
Date(s)	09/26/18					
Mileage	_____ miles @ \$ .545 cents per mile = \$ 0.00					\$ 0.00
Airfare						0.00
Hotel/Lodging (do not include incidentals here)						0.00
Business Calls/Fax/Internet/Copies						0.00
Business Meals	Breakfast					0.00
	Lunch					0.00
	Dinner					0.00
Registration Fee / Material Fee / Educational Item(s)	110.00					110.00
Parking/Fuel	6.00					6.00
Ground Transportation						0.00
Total Travel Expense(s)	\$ 116.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 116.00

### PREPAYMENT(S)/TRAVEL ADVANCE(S)

PO # / Contract #	Vendor	Amount
Total Prepayment(s)/Travel Advance(s)		\$ 0.00

### NON-TRAVEL EXPENSE(S)

Item(s) Purchased	Non-Travel Budget Codes(s)	Amount
1.	___/___/___/0/___/___/___/___	
2.	___/___/___/0/___/___/___/___	
3.	___/___/___/0/___/___/___/___	
Justification for Emergency Purchase		Amount
1.	Total Travel Expense(s)	\$ 116.00
	Total Prepayment(s)/Travel Advance(s)	0.00
2.	Total Non-Travel Expense(s)	0.00
	Balance Due	\$ 116.00
3.	If balance due is negative, please wait for email from A/P with instructions for reimbursing the District	

I hereby request reimbursement for the expenses incurred as stated above. I understand that I will only be reimbursed for those expenses substantiated by the attached original itemized receipts.

Traveler/Employee's Signature	<i>David Payan</i>	Date	10/10/18
Supervisor's Signature		Date	
Vice President's Signature (if applicable)		Date	





# TRAVEL REQUEST

T# 28675  
Assigned by Budget Office

- Out-of-state (and over 500 miles) travel requests require board approval - fax completed travel request forms for campus personnel to your campus Vice President, Business Services, or for District personnel, to the District Budget Office.
- Requisitions are required for any prepayments.
- Itemized Expense Reimbursement form, with itemized receipts must be submitted within 30 working days after returning from trip.
- Do not use acronyms when filling out this form.

Name David Payan Department & Location Counseling/Norco

Official Job Title Counselor Travel Dates - Departing 9/26/18 Returning 09/26/18

Event Name / Purpose of Travel CSU Counselor Conference

Travel Destination - (Address, City, State) Pasadena Convention Center

## Estimated Costs: (Include All Costs Paid by District Funds)

1. Mileage	\$ 0.00	( 0 miles @ .545 cents per mile)
2. Airfare	\$	PR#
3. Hotel	\$	PR#
4. Meals	\$	
5. Registration Fee	\$ 110.00	PR# R0111060
6. Parking	\$ 8.00	PR# R0111060
7. Taxi / Car Rental	\$	PR#
8. Other	\$	PR#
Total	\$ 118.00	- \$ = \$ 118.00
	Estimated Costs	Prepayments Balance
		PR# for Balance R0111060

## Student Information:

1. Total number of students (Attach a list of student names)	
2. Total student travel costs (Not included in Estimated Costs section)	\$
Funding Source(s)	Amount
Sent to Accounts Payable	\$
OCT 30 2018	\$
Total	\$ 0.00

## Funding Source (General Fund, Grant Fund, etc.)

Funding Source	Amount	Budget Code
SSSP	\$ 118.00	12 / EZT / 1190 / 0 / 6301 / 0080 / 5220
	\$	/ / / / / / /
	\$	/ / / / / / /
Total	\$ 118.00	(Must equal Total Estimated Costs)

David Payan

Traveler (print name)

Dr. Tenisha James

Supervisor/Department Chair (print name)

Mark DeAzis, Interim

College Vice President, Norco College (print name)  
(If Applicable)

Dr. Michael Collins

College Vice President, Business Services (print name)  
(If Applicable)

Dr. Bryan Reece

President/Vice Chancellor/Chancellor (print name)

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date