

## TRAVEL REQUEST



- Out-of-state (and ov/r 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 my prepayments.
- Itemized Expense Rein burs ment 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	Dep	artment & Location CO	UNSELING/NO	RCO COLLEGE
Official Job Title ASS	SOCIATE PROF. COUNSELIN	Travel Dates - Depart	ting <u>10/03/18</u>	Returning <u>10/05/18</u>
Event Name / Purpose	of Travel STRENGTHENIN	G STUDENT SUCC	ESS CONFER	ENCE
Travel Destination - (A	Address, City, State) 11999 HA	RBOR BOULEVARI	O GARDEN GR	ROVE, CA 92840
Estimated Costs:	nclude <u>All</u> Costs Paid by District Funds)	Stud	ent Information	1:
<ol> <li>Mileage</li> <li>Airfare</li> </ol>	\$	NG Max	tal number of stud uch a list of student name	es)
<ul><li>3. Hotel</li><li>4. Meals</li><li>5. Registration Fee</li></ul>	\$ 407.40 PR# COV \$ 120.00 \$ 650.00 PR#	199860 al	tal student travel of included in Estimated Cost.  Owto ding Source(s)	
6. Parking 7. Taxi / Car Rental	\$ 30.00 PR# (20) \$ PR#	09860		\$\$ \$
8. OtherTotal	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	15294 Balance	Sent to Act	Counts payable 0.00
	PR# for Bala	nce <u>2019</u> 860	CO	PY
Funding Source (General	ral Fund, Grant Fund, etc.)	nount Budg	et Code	101000000000000000000000000000000000000
555P	\$ \ldot \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		//0/	<u>(301/0080/5&gt;&gt;&gt;0</u>
<u> </u>	\$ \( \) \( \		//0/_	
Lisa Martin Traveler (print name) Dr. Tenisha Jan Supervisor/Departmen	Total \$	/-	//0/_	//
Lisa Martin Traveler (print name) Dr. Tenisha Jan Supervisor/Departmen Dr. Monica Gree College Vice Presiden (If Applicable) Dr. Michael Coll	Total \$	Signature	//0/_	9 8 18 Date SEP 0 4 2018

	F	RIVERS		OMMUI ed Expe				TRICT		
Employee	Name	Lisa Ma		•		THE BEST STORES	R#	28363		
Date(s) of	Travel	October	3,2018	-October 5	th, 2018	Travel I	ocation		n Grove,	CA
Name of Con	ference	Strengt	hening	Student	Success	s Confer	rence		,	
					L EXPEN					
Total District	0-1-1	12,EZT,11	190 <sub>/0/</sub> 6301	,0080,5220	\$ or % 100	\$ 51 N			\$ or %	
Travel Budget	Codes(s)	'	/0/	<i>II</i>	\$ or %	//_	/0//	<u></u>	\$ or %	Total Travel
Date(s	s)	10/03/18	10/04/18	3 10/05/18						Expense(s)
Mileag	je	1.47	miles @	\$545_ cen	ts per mile =	\$_0.80		<u> </u>	-	\$ 0.80
Airfar Hotel/Lod	SERVICE CONTRACTOR									0.00
(do not include incid	dentals here)	407.40								407.40
Busine Calls/Fax/Interr										0.00
	Breakfast	33.67	36.4	2						70.09
Business Meals	SCHOOL CHARLES									0.00
	Dinner	35.71	24.4	4						60.15
Registration Fe Fee / Education		550.00								550.00
Parking/I	Fuel									0.00
Ground Trans	portation									0.00
Total Travel Ex	xpense(s)	\$ 1,026.78	\$ 60.8	6 \$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,088.44
P0#/			PREF	AYMENT(S	)/TRAVEL	ADVANC	E(S)			0 - 2a - c 2 / c / c / c
Contract #					Vendor					Amount
P0068532	Hilton Hotel	9/4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1								\$ 407.40
						Tot	al Prepaym	ent(s)/Trave	l Advance(s)	\$ 407.40
				NON-TRAN	/EL EXPE					
1.		Item(s) Pure	chased			No.	on-Travel B	udget Code:	s(s)	Amount
·· 2.							//0/_ / /0/			
3.							_//0/_	/	/	
	Justificat	tion for Eme	gency Pur	chase						Amount
l.						Tot			Expense(s)   Advance(s)	\$ 1,088.44 407.40
2.								l Non-Trave	l Expense(s) Balance Due	0.00
3.								, please wait	for email from	\$ 681.04 A/P with
hereby request re	elmbursemei	nt for the expe	enses Incur	ed is stated al		instructions t stand that I w			ct r those expens	es
ubstantiated by t	ne attached	ongınal itemiz	ed receipts	1/1	\$ 1 . A. S.				, , ,	
Traveler/Employ	ee's Signati	ure		X VE	<del>)</del>			Date	10/19/19	5
Supervisor's Sig	nature					-		Date		
Vice President's	Signature (	f applicable)						Date		

## TRAVEL REQUEST



Business & Financial Services

Updated 09/2016

Out-f-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.

mized Expense Reimbursement form, with itemized receipts must be submitted within 30 working days after returning from trip.

0	Do not use ac	ronyms when	filling out	this form.
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Name Jethro Midge	ett	Depar	tment & Locati	ion Counseling/Norco C	College
Official Job Title As	sociate Counseling	Professor	Travel Dates	- Departing <u>09/26/18</u>	Returning <u>09/26-/18</u>
Event Name / Purpose	e of Travel CSU cou	nselors co	nference		
Travel Destination - (	Address, City, State) 3	00 East G	reen st. Pas	adena, California 9110	)1
Estimated Costs:	Include <u>All</u> Costs Paid by Distri	ct Funds)		Student Information	
<ol> <li>Mileage</li> <li>Airfare</li> </ol>	\$ 29? 546 \$ PR	7 niles @ <u>.</u> 59 4	nts per mile)	1. Total number of stude (Attach a list of student names	ents
<ul><li>3. Hotel</li><li>4. Meals</li></ul>	\$ PRi	#	Sent to Accou	2. Total student travel co	osts \$
<ul><li>5. Registration Fee</li><li>6. Parking</li><li>7. Taxi / Car Rental</li><li>8. Other</li></ul>	\$ 13.00 PR# \$ PR# \$ PR# \$ PR# \$ PR# \$ PR#		AUG 2  CO  \$ [127.7]  Euronic 2  001091	Py To	Amount
Funding Source (Gene	ral Fund, Grant Fund, etc.) Total	\$   \( \frac{\text{Amo}}{\text{\$\sum_{\text{\tin}\exitit{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\texi{\text{\texi{\text{\texi}\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\tin}\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\te\	7.75	///0/_	2011/0089 5200 !!
College Vice Presiden	James at Chair (print name)	int name)	Signature Signature Signature	and Total Estimated Costs)	Date AUG 2 0 2018  Date AUG 2 1 2018  Date  S/M/8  Date  AUG 2 3 20
	llor/Chancellor (print na.	me)	Signature		Date

	F	RIVERSI				OLLEG mburse		TRICT		
Employee I	Name	JETHRO			AND THE PARTY OF T		R#	28231		***************************************
Date(s) of T	Γravel	9/26/18	7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			Travel L	ocation	PASAD	ENA, C	
Name of Con	ference	CSU CC	UNSE	LOR CO	NFERE	ENCE				
					L EXPEN					
		12,EZT,119	0 <sub>/0/</sub> 6301,	0080,5220	\$ or % 100		/0//	/	\$ or %	
Travel Budget	Codes(s)	//	_/0/ /_	/	\$ or %	//_	/0//	/	\$ or %	Total Travel
Date(s	)	09/26/18								Expense(s)
Mileag	e	54.6	_ miles @ \$	.545 cents	per mile =	\$ 29.76				\$ 29.76
Airfare	<b>建筑市场发展的企业的</b>									0.00
Hotel/Lod (do not include incid										0.00
Busines										0.00
Calls/Fax/Intern	Breakfast									0.00
Business Meals	Lunch				49			-		0.00
	Dinner									0.00
Registration Fee	. / Material									0.00
Fee / Education		85.00								85.00
Parking/F	Fuel									0.00
Ground Trans	portation									0.00
Total Travel Ex	(pense(s)	\$ 85.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 114.76
			PREPA	YMENT(S)	/TRAVEL	ADVANCE	E(S)			
PO# / Contract#					Vendor					Amount
						Tot	al Prepaym	ent(s)/Travel	Advance(s)	\$ 0.00
				NON-TRAV	EL EXPE	NSE(S)				
		Item(s) Purcl	nased			No	on-Travel B	udget Codes(	s)	Amount
1.						/	_//0/_	/	./	
2.						/	_//0/_	/	./	
3.					****	/	_//0/_	/	/	
	Justifica	tion for Emer	gency Purc	hase				Total Travel	Evnense(s)	Amount \$ 114.76
1.					***************************************	Tot	al Prepaym	ent(s)/Travel	Advance(s)	0.00
2.								В	alance Due	\$ 114.76
3. I hereby request re	eimburseme	nt for the exper	ses Incurre	d as stated at	ove Lunde	instructions	for reimburs	, please wait fing the District		HAMILTER TOTAL
substantiated by t							Viii Oviily De v	and a second	mose expens	-
Traveler/Employ	ee's Signat	ure		2				Date	16/10	1818
Supervisor's Sig	nature			3			Market 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date		
Vice President's	Signature (	if applicable)						Date		

	F	RIVERS		OMMUI d Expe				TRICT		
Employee	Name	Erin Spu		a .			R#	27218	Name to the latest of the late	
Date(s) of	Travel	5/8/18	Note the second second	<del>- 19</del>		Travel L	ocation	Riversio	de	
Name of Con	ference	2018 En	suring	Transfe	r Succes	ss Confe	erence			
					L EXPENS		<b>建工业</b>			
Travel Budget	Codes(s)	12,EZT,119			\$ or % 100 \$ or %			''	\$ or %	Total Travel
Date(s	3	05/08/18		I						Expense(s)
Mileag		23.60	miles @	\$ 545 cen	ts per mile =					\$ 12.86
Airfar	20404242022224062202400	20.00	_ miles @	\$040Cen	ts per mile -	\$ 12.00		Т		0.00
Hotel/Lod										0.00
Busine	ss									0.00
Calls/Fax/Inter	Breakfast									0.00
Business Meals	Charles and the state of									0.00
	Dinner	77								0.00
Registration Fe Fee / Education		110.00								110.00
Parking/	Fuel	0.00								0.00
Ground Trans	portation								181	0.00
PO# / Contract # /		\$ 110.00		AYMENT(S	ASSESSED TO COMPANY	DESCRIPTION OF THE PROPERTY OF		0 \$ 0.00	\$ 0.00	\$ 122.86  Amount \$ 110.00
				NON-TRA	VEL EXPE	MICHAEL POSE OF MICE	tal Prepayn	nent(s)/Travel	Advance(s)	\$ 110.00
作為。海拔和數學		Item(s) Purc	chased		學是是是是	N		Budget Codes	(s)	Amount
1. 2.		\$174,1314HA-1114HA-114HA-114HA-1			NA CONTRACTOR OF THE PARTY OF T	<del>'</del>	_ //0	//_ /_	<u>-'</u>	
3.						'	/ /0		<u>'</u>	
	Justifica	ation for Emer	gency Pur	chase		医铁色线膜	建建筑建筑	E HERRY		Amount
1.						To	tal Prenavr	Total Travel nent(s)/Travel		\$ 122.86 110.00
2.								al Non-Travel	Expense(s)	0.00
3.				***************************************				ve, please wait		PERCHASING PROPERTY AND ADDRESS OF THE PERCHASING PROPERT
I hereby request substantiated by					above. I unde	Market and the second second	A REPORT OF THE PARTY OF THE PA	sing the Distric	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN	ses
			0.	Sml	CA				5/1	Flix
Traveler/Emplo		ture	CON	of w	•			Date Date		11.5
Vice President's		(if applicable)						Date		

Т#	2	-/	0	4	Q	e in
Assig	gned b	у В	udg	et C	ffice	;

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Itemized Expense Reimbursement form, with itemized receipts must be submitted within 30 working days after returning from trip.

	Do not use	ecrop ms	when	filling	out	this	form.
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Do not use crop ins v	when mining out this form.				
Name Erin Spurbeck	(	Depar	tment & Locati	on Counseling/Norco	
Official Job Title Cou	ınselor		_ Travel Dates -	Departing 05/08/18 Retu	rning <u>05/08/18</u>
Event Name / Purpose	of Travel 2018 Ens	suring Tra	nsfer Succes	s Conference	
Travel Destination - (A	Address, City, State) R	Riverside C	Convention Cer	nter 3627 Fifth Street Rivers	ide, CA 92501
Estimated Costs: (1)	nclude <u>All</u> Costs Paid by Distri	ict Funds)		Student Information:	The company of the co
<ol> <li>Mileage</li> <li>Airfare</li> </ol>	\$ [7.87] (23.6) \$ PR	miles @ <u>.545</u>		1. Total number of students (Attach a list of student names)	-
<ul><li>3. Hotel</li><li>4. Meals</li></ul>		#		2. Total student travel costs (Not included in Estimated Costs section)	\$
<ul><li>5. Registration Fee</li><li>6. Parking</li></ul>	\$ 110.00 PR	# 120103 #	-	Funding Source(s)	<u>Amount</u>
7. Taxi / Car Rental		#	-	Sent to Accounts	Day\$
8. Other	\$PR#			MAR <b>0.6</b> 20	\$
Total		110,00=	= \$ 20.87	Total	\$0.00
27		epåyments R# for Baland	Balance	COPY	
	FI	C# 101 Dalaii			
Funding Source (Gener	al Fund, Grant Fund, etc.)	Am	<u>ount</u>	Budget Code	
SSSP		s_12	0.87	12 / EZT / 1190 /0/ 6301	/ 0080 / 5220
		\$		///0/	/ /
		\$		///0/	
	Total	\$	0.87 ust eq	ual Total Estimated Costs)	
Erin Spurbeck			Ein	Smilal	2/6/18
Traveler (print name)		•	Signature		Date 1 / 3
Dr. Tenisha James				=>	3/4/8
Supervisor/Departmen	t Chair (print name)		Signature	$\varphi$ 6	MAR 0 2 20
Dr. Monica Green				omen Olen	•
College Vice President (If Applicable)	t, Student Services (pr	rint name)	Signature (	11	Date
James Reeves			K	1/ Jones Ou	MAR 0 2 2018
College Vice Presiden (If Applicable)	t, Business Services (pr	rint name)	Signature Dr.	Monica Green for James	Date
Dr. Bryan Reece			N	CO	- = MAK () 6 201
President/Vice Chance	ellor/Chancellor (print no	ime)	Signature	• - 11 1 1 Marie - 11 20 4 1 - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date UU ZU

	F	RIVERS		OMMUN d Expen			790	TRICT		
Employee I	Name	DAVID	THE RESIDENCE OF THE PARTY OF T	THE RESIDENCE OF THE PERSON NAMED IN	00 100	TF		28675		
Date(s) of T		9/26/18		4		Travel Location PASADENA, CONVE			CONVENTION	ON CENTER
Name of Con			NINSE	LOR CO	NEERI	_ ENCE			,	
Haine or con	reremoe	1000 00	JONOL	PRODUCTION OF THE PROPERTY OF THE	EXPEN					
		12 / EZT / 119	90 <sub>/0/</sub> 6301 /		\$ or %		/0/	//_	\$ or %	
Travel Budget	Codes(s)	'	/0//	/	100 \$ or %		/0/		\$ or %	Total Travel
Date(s	)	09/26/18								Expense(s)
Mileag	е		miles @ :	\$545_ cents	per mile =	\$ 0.00				\$ 0.00
Airfare	<b>《加州》的《西州》的《西州》</b>									0.00
Hotel/Lod (do not include incid										0.00
Busines Calls/Fax/Intern	THE TOTAL STREET			·						0.00
	Breakfast									0.00
Business Meals	Lunch									0.00
	Dinner									0.00
Registration Fee Fee / Education		110.00								110.00
Parking/I	Fuel	6.00								6.00
Ground Trans	portation									0.00
Total Travel Ex	xpense(s)	\$ 116.00	\$ 0.00	\$ 0.00	\$ 0.0	0.00	\$ 0.0	0 \$ 0.00	\$ 0.00	\$ 116.00
PO#1 Contract#				AYMENT(S	Vendor					Amount
						Tot	al Prepayn	nent(s)/Travel	Advance(s)	\$ 0.00
			CEST BOARDARD WOOD VOLKED	NON-TRAV	EL EXP					
1.		Item(s) Puro	nased			No.	on-Travel E	Budget Codes	(S)	Amount
2.						<u> </u>	/ /0/		<u>-'</u>	
3.						1	/ /0/		<u>-'</u>	
	Justifica	tion for Emer	gency Purc	hase						Amount
1.							al Brawaya	Total Travel		\$ 116.00
2.						IO		nent(s)/Travel al Non-Travel	Expense(s)	0.00
3.						1481 V. 3. 1765 (612 EFF) VID MISSESSON PSYSTEM		e, please wait		PORTURNOS DE LOS PERSONALES DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE L
I hereby request re substantiated by t				ed as stated al	ove. Lund			sing the Distric		585
Traveler/Employ			/ l	Director	Par	<b>u</b> 5		Date	4 /2	1,12
			000	1000	C				110/	118
Supervisor's Sig	mature							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		De	partment & Locat	ion Counseling/Norco	
Official Job Title Co	unselor		Travel Dates	- Departing 9 / 26 / 18 R	eturning <u>09/26/18</u>
Event Name / Purpose	e of Travel <u>CSU</u>	Counselor	Conference		
Travel Destination (	Addraga City Sta	ta) Dagadar	as Convention	0	
Travel Destination - (	Address, City, Sta	rasauer	ia Convention (	Center	
Estimated Costs:	Include <u>All</u> Costs Paid by	District Funds)		Student Information:	
1. Mileage	\$0.00 (		545 cents per mile)	1. Total number of student	S
2. Airfare	\$	PR#		(Attach a list of student names)	
3. Hotel	\$	PR#		2. Total student travel cost	s \$
4. Meals	\$			(Not included in Estimated Costs sect	(ion)
5. Registration Fee	\$110.00	PR#_R01110	060	Funding Source(s)	Amount
6. Parking	\$8.00	PR# R01110	060	645 m. 2550A. 27 F. 27 M. SEAN	\$
7. Taxi / Car Rental	\$	PR#	3350-364	Sent to Accounts Pa	ayable \$
8. Other	\$	PR#		OCT 3 0 301	8 s
Total	\$ 118.00 -		= \$ _ 118.00	Tota	0.00
	Estimated Costs	Prepayments		COPY	*
		PR# for Bala	ance <u>R0111060</u>		y
Funding Source (General	ral Fund, Grant Fund, etc	c.) <u>A</u>	mount	Budget Code	
SSSP		\$	118.00	12 / EZT / 1190 /0/ 630	01 / 0080 / 5220
		\$		///0/	
		\$	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	///0/	
	Total	\$	118.00 (Must ea	ual Total Estimated Costs)	'
	10141	Ψ	(.viusi eq	ian Total Estimated Costs)	) /
David Payan			fle	il Jugo	10/18
Traveler (print name)			Signature	8	Date
Dr. Tenisha James Supervisor/Departmen			Simul		10/10/18
Mark DeAs	,		Signature	the last	Date
College Vice President		(print name)	Signature	my of	OCT 2 2 2018 Date
(If Applicable) Dr. Michael Collins	,	T		272.	
College Vice President		es (print name)	Signature	) 4	Date
(If Applicable)		area 4 Residence of the second		121	007 0 0
Dr. Bryan Reece President/Vice Chance	llor/Chancellor (pr	int name)	Signature	- W	Date Date