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

TRAVEL (TR) EXPENSE CLAIM FORM USER GUIDE
TABLE OF CONTENTS

SDCCD TRAVEL EXPENSE CLAIM FORM
APPLICATION LOGIN

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: XXXXXXX   (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

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

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

CLICK the "New Travel Expense Form"

TRAVEL EXPENSE FORM TABS

- **GENERAL**
- **PROPOSED BUDGET(S)**   **Pre-Travel Authorization**
                                      "TOP OF FORM"

_____

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

_____

   Inquiry Only Sections:
- **A/P**   **Work Flow (Dates and Initials)**
- **ACTUAL BUDGETS**   **If Balance due to Employee Campus/Site Liaison**
                                  Office will enter budget information

OVERVIEW OF TRAVEL EXPENSE FORM

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

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)**
- **"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

Back To List	Save	Print Top Form	Print Bottom Form

Budget Expense Limitation

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?

○ No ⦿ Yes   If yes, provide the name of the agency: | City Foundation Funds |

Additional Notes/Comments

City College Discretionary Foundation Budget will reimburse $100 in travel costs.

Direct Pay/Cash Advance Requested?

(If Yes, attach a separate voucher for each payee)   SDCCD Voucher
                                                            SDCCD Voucher Instructions

Registration	⦿ Yes ○ No
Lodging (hotel, motel, etc.)	⦿ Yes ○ No
Airline tickets (Fax approved TR to travel agency	⦿ Yes ○ No
Cash Advance (out-of-pocket expenses)	○ Yes ⦿ No
Other (Specify)	○ Yes ⦿ No Description:

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

10

PRINT TOP FORM
(Pre-Authorization to Travel Form)

Click "PRINT TOP FORM"

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 <u>Not</u> Required)**
    Meals & Incidentals
    Transportation by Car (MapQuest estimate)

+ **EXPENSES (Receipts <u>Required)</u>**
    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 **

	Dir. Pay Cash Adv.	12/28/08 mm/dd/yy	12/29/08 mm/dd/yy	12/30/08 mm/dd/yy	12/31/08 mm/dd/yy	01/01/09 mm/dd/yy	01/02/09 mm/dd/yy	mm/dd/yy	TOTAL
Receipts Not Required		SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Breakfast (Per Diem Max. $10)	.00	.00	.00	.00	.00	.00	.00	0.00	0.00
Lunch (Per Diem Max. $15)	.00	.00	.00	.00	.00	.00	.00	0.00	0.00
Dinner (Per Diem Max. $21)	.00	.00	.00	.00	.00	.00	.00	0.00	0.00
Incidentals	.00	.00	.00	.00	.00	.00	.00	0.00	0.00
Total Meals & Incidentals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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? ⦿ Yes ○ No   276.00

As of 7/1/08 mileage rate is .585 cents per mile   Maximum Allowed Expense For Meals and Incidentals   276.00

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

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
First Day of Travel				
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
Last Day of Travel				
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 Incidentals							
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									
○ Purchased & Paid by Self									
◉ 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
Total Daily Expenses		641.27	100.00	100.00	100.00	100.00	157.50	0.00	1198.77

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

	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

	Dir. Pay Cash Adv.	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Receipts Not Required									
Breakfast (Per Diem Max. $10)	.00	.00	.00	.00	.00	.00	.00	0.00	0.00

Click "PRINT BOTTOM FORM"

Close Window | Print

TRAVEL EXPENSE CLAIM (MUST BE SUBMITTED UPON COMPLETION OF TRAVEL)

Person/Employee/Student ID No:

SAN DIEGO COMMUNITY COLLEGE DISTRICT

TR

Last Name, First Name, Middle Initial	District Employee?
Korab, Judy, M	● Yes ○ 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	01/01/0
RETURN ARRIVAL DATE/TIME:	01/02/09	08:00 PM	DIR. PAY/				ACTUAL EXPENS	
EXPENSE ITEM			CASH ADV.	SUN	MON	TUE	WED	THU
R E C E I P T S N O T R E Q U I R E D 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	$4

Add Difference Between Actual and Pe

Maximum Allowed Ex

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

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 |

[Back To List] [Save] [Print Top Form] [Print Bottom Form]

For A/P Use Only

	Initial	Date mm/dd/yy
Open Travel Request	LS	07/03/08
Post Direct Pay/Cash Advances	LS	06/21/08
Post Air Fare Information	LS	07/15/08
Post TR Expense Claim	LS	07/19/08
Close Travel Request		

Verification by Campus/Department Liaison Officer

	Initial	Date mm/dd/yy
Travel Request	BL	06/15/08
Travel Expense Claim	BL	07/17/08

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

Back To List	Save	Print Top Form	Print Bottom Form

Actual Budget Expense

Reference	Account Number					Amount	Description/Comments
	Fund	Det.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**

17

CAMPUS/SITE CONTACT INFORMATION

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