

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

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SDCCD TRAVEL EXPENSE CLAIM FORM APPLICATION LOGIN

Welcome to the SDCCD Business and Financial Services website.
DIRECTIONS: Enter your 7 digit Employee ID (refer to pay stub). Enter your Month and Day of birth in this format: (mm/dd). Click on the Login button to login. Log in: I digit Employee ID: I digit Employee ID: I digit Login

Travel Expense Form login Instructions:

TRAINING WEBSITE "ONLY": http://ittest.sdccd.edu/bussrv/expense

PRODUCTION (LIVE DATA): <u>http://bussrv.sdccd.edu/</u>

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:XXXXXX(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

TRAVEL EXPENSE FORM LIST

DIE	Walasma	to the CDCCD Busine	ee and Financial	Conciono urabaita
	Weicome	to the SDCCD Busine	ss and Pinancial	Services website.
Name: Judy II. Korab				
Name, Judy M. Korab	SDCCD Travel Expe	inse Program		<u>L0G001</u>
	DIRECTIONS: • Click on any field to view/edit Expen • Click on New Travel Expense Form • Click on any column heading to sor • Change the Expense Status and the New Travel Expe	se From button to start new Expense F t by that column e page will automatically refres ense Form	Form sh	
Records Found: 1 - 19 o	f 19 Expense Status: - All -	*		Page: 1
Expense ID	Organization Name	Destination City	Start Date	End Date
335	State Controller's Office/Mandated Costs D/v.	Sacramento	08/01/08	08/03/08
334	Chancellor's Office Statewide Budget Work	Fresno	07/07/08	07/07/08
329	ABC Accountants	Los Angeles	07/07/08	07/10/08
328	Calif Community Colleges, Chancellor's Office	Sacramento	07/14/08	07/15/08
311	Bean Counters Assocation	Los Angeles	08/01/08	08/06/08
310	Datatel Users Conference	Los Angeles	07/15/08	07/15/08
C309	/			

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

me: Judy M. Korab	Welcome to SDCCD Travel Expen	o the SDCCD Busine	ess and Financial	Services webs
	Travel Expense DIRECTIONS: • Click on any field to view/edit Expense • Click on New Travel Expense Form b • Click on any column heading to sort t • Change the Expense Status and the p	Form List From utton to start new Expense by that column bage will automatically refre	Form	
Records Found: 1 - 19 of	19 Expense Status: - All -	~	Ν	Page: 1
Expense ID	Organization Name	Destination City	Start Date	End Date
335	State Controller's Office/Mandated Costs Div.	Sacramento	08/01/08	08/03/08
224	Chancellor's Office Statewide Budget Work Dp	Fresno	07/07/08	07/07/08
334		a sub-sub-sub-	07/07/00	
334 329	ABC Accountants	Los Angeles	07/07/08	07/10/08
3344 329 328	ABC Accountants Calif Community Colleges, Chancellor's Office	Los Angeles Sacramento	07/14/08	07/10/08 07/15/08
334 329 328 311	ABC Accountants Calif Community Colleges, Chancellor's Office Bean Counters Assocation	Los Angeles Sacramento Los Angeles	07/14/08 08/01/08	07/10/08 07/15/08 08/06/08

Click on the Expense ID $\overset{+}{\#}$ 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

			ess and Financia	
ie. Judy M. Korab	Travel Expense			
	 Click on any field to view/edit Expense 	From		
	 Click on any field to view/edit Expense Click on New Travel Expense Form by Click on any column heading to sort by Change the Expense Status and the p New Travel Expense	From utton to start new Expense y that column age will automatically refre se Form	Form esh	
Records Found: 1 - 19	Click on any field to view/edit Expense Click on New Travel Expense Form bi Click on any column heading to sort bi Change the Expense Status and the p New Travel Expense of 19	From utton to start new Expense y that column age will automatically refre se Form	Form esh	Page: 1
Records Found: 1 - 19 Expense ID	Click on any field to view/edit Expense Click on New Travel Expense Form bi Click on any column heading to sort bi Change the Expense Status and the p New Travel Expense of 19 Organization Name	From utton to start new Expense y that column age will automatically refre se Form	Form esh Start Date	Page: 1 End Date
Records Found: 1 - 19 Expense ID 335	Click on any field to view/edit Expense Click on New Travel Expense Form bi Click on any column heading to sort bi Change the Expense Status and the p New Travel Expense of 19 Expense Status: - All - Organization Name State Controller's Office/Mandated Costs Div.	From utton to start new Expense y that column age will automatically refre se Form Sec Form Destination City Sacramento	Form esh Start Date 08/01/08	Page: 1 End Date 08/03/08
Records Found: 1 - 19 Expense ID 335 334	Click on any field to view/edit Expense Click on New Travel Expense Form bi Click on any column heading to sort bi Change the Expense Status and the p New Travel Expense of 19 Expense Status: - All - Organization Name State Controllers Office/Mandated Costs Div. Changellor's Office Statewide Budget Works. Do	From utton to start new Expense y that column age will automatically refre se Form V Destination City Sacramento Fresno	Form esh Start Date 08/01/08 07/07/08	Page: 1 End Date 08/03/08 07/07/08
Records Found: 1 - 19 Expense ID 335 334 329	Click on any field to view/edit Expense Click on New Travel Expense Form bi Click on any column heading to sort bi Change the Expense Status and the p New Travel Expense of 19 Expense Status: - All - Organization Name State Controllers Office/Mandated Costs Div. Chancellor's Office Statewide Budget Works. Op ABC Accountants	From utton to start new Expense y that column age will automatically refre se Form Destination City Sacramento Fresno Los Angeles	Form esh Start Date 08/01/08 07/07/08 07/07/08	Page: 1 End Date 08/03/08 07/07/08 07/10/08
Records Found: 1 - 19 Expense ID 335 334 329 328	Click on any field to view/edit Expense Click on New Travel Expense Form b Click on any column heading to sort b Change the Expense Status and the p New Travel Expense Of 19 Expense Status: - All - Organization Name State Controllers Office/Mandated Costs Div. Chancellor's Office Statewide Budget Works. Op ABC Accountants Calif Community Colleges, Chancellor's Office	From utton to start new Expense y that column age will automatically refre se Form Destination City Sacramento Fresno Los Angeles Sacramento	Form esh Start Date 08/01/08 07/07/08 07/07/08 07/14/08	Page: 1 End Date 08/03/08 07/07/08 07/10/08 07/15/08
Records Found: 1 - 19 Expense ID 335 334 329 328 311	Click on any field to view/edit Expense Click on New Travel Expense Form b Click on any column heading to sort b Change the Expense Status and the p New Travel Expense Of 19 Expense Status: - All - Organization Name State Controllers Office/Mandated Costs Div. Chancellor's Office Statewide Budget Works Op ABC Accountants Calif Community Colleges, Chancellor's Office Bean Counters Assocation	From utton to start new Expense y that column age will automatically refre se Form Destination City Sacramento Los Angeles Sacramento Los Angeles	Form esh Start Date 08/01/08 07/07/08 07/07/08 07/14/08 08/01/08	Page: 1 End Date 08/03/08 07/07/08 07/10/08 07/15/08 08/06/08
Records Found: 1 - 19 Expense ID 335 334 329 328 311 310	Click on any field to view/edit Expense Click on New Travel Expense Form b Click on any column heading to sort b Change the Expense Status and the p New Travel Expense Of 19 Expense Status: - All - Organization Name State Controllers Office/Mandated Costs Div. Chancellor's Office Statewide Budget Works. Op	From utton to start new Expense y that column age will automatically refre se Form Destination City Sacramento Los Angeles Sacramento Los Angeles Los Angeles Los Angeles	Form esh Start Date 08/01/08 07/07/08 07/07/08 07/14/08 08/01/08 08/01/08 07/15/08	Page: 1 End Date 08/03/08 07/07/08 07/10/08 07/15/08 08/06/08 07/15/08

CLICK the "New Travel Expense Form"

TRAVEL EXPENSE FORM TABS

General	Proposed Budget	s Expenses	A/P	Actual Budgets	s				
				Back To List	Save	Print T	op Form	Print B	ottom Form
Personal	Information								
Last Name					First Name			MI	District Employee
Korab					Judy			M	⊙Yes ○No
Site		Department			Position/Title			Work I	Phone
District	*	Business Servic	es		Finance & Bu	dget Analyst		(619) 388 - 6982
Home Add	ress		Но	me City		Home State	Home Zip	Home	Phone
123 Anyto	wn St		Ar	ny City		CA 🗸	92019 -) -
E-Mail Add	ress		heinere				house and house		
ikorab@s	dccd.edu				Click To Send	Email			

- **GENERAL**
- **PROPOSED BUDGET(S)**

Pre-Travel Authorization "TOP OF FORM"

• **EXPENSES**

Travel Expense Reimbursement "BOTTOM OF FORM"

Inquiry Only Sections:

- **A/P**
- ACTUAL BUDGETS

Work Flow (Dates and Initials) If Balance due to Employee Campus/Site Liaison Office will enter budget information

OVERVIEW OF TRAVEL EXPENSE FORM

Expense	ID: TR-000356	DIRECTIONS Click Click Click Click Click	Travel on the Tab Titles To Sw on the Save Button to sa on the Print Buttons to p to view <u>District Travel Pr</u>	Expense Forn itch Between Parts Of Th ave your work wrint the Top or Bottom p <u>tocedures</u>	1 ne Form art of the Travei	l Expense Fo	rm.
General	Proposed Budge	ts Expenses	A/P Actual Budge	ts			
			Back To List	t Save Pri	int Top Forn	n	Print Bottom Form
Personal	Information		_				
Last Name				First Name			MI District Employee?
Korab				Judy			M 💿 Yes 🔿 No
Site		Department		Position/Title			Work Phone
District	~	Business Servi	ces	Finance & Budget Ana	lyst		(619) 388 - 6982
Home Add	ress		Home City	Home S	tate Home Zi	ip	Home Phone
123 Anvtov	wn St		Any City	CA 🗸	92019		
E-Mail Add	ress						
jkorab@so	dccd.edu			Click To Send Email			
email_nam	e@email_provider	s_name Example	e: "abc@sdccd.edu"		R		
Travel In	formation				-		
Name of Or	ganization (If Any)						Member of Organization?
Bean Cour	nters Association o	f CA					⊙Yes ○No
City Of Des	tination	St	ate or Foreign Country		Start Date	End Date	Substitute Needed?
It on Annaly			٨		140/00/00	104/00/00	Ov @H-

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

	Proposed Budgets	Expenses	A/P Actual Bu	igets		
			Back To	ist Save	Print Top Form	Print Bottom Form
Personal	Information					
ast Name				First Name		MI District Employee?
Korab				Judy		M • Yes • No
ite Department				Position/Title		Work Phone
District	istrict V Business Services			Finance & Budge	t Analyst	(619) 388 - 6982
dome Addu	rece		Home City	Но	me State Home 7in	Home Phone
123 Anito	Address Home City				A V 02010	
Mail Addu	ress		in any only		32013	
ikoroh@c/	deed edu			Click To Send Em	ail	
Kulab@sc				CHER TO SERVER	an	
inan_nam	le@email_providers_r	lame cxample	. abc@succu.euu			
Travel Test	formation					
ravel Int	formation ganization (If Any)					Member of Organizatio
lame of Or Bean Cour	formation ganization (If Any) nters Association of C/	A				Member of Organizatio
Travel In lame of Or Bean Cour lity Of Dest	formation ganization (If Any) nters Association of C/ tination	A. Sta	te or Foreign Coun	v	Start Date End Dat	Member of Organizatio
Travel In lame of Or Bean Cour Sity Of Dest Los Angele	formation rganization (If Any) nters Association of C tination es	A Sta	te or Foreign Coun	у	Start Date End Dat 12/28/08 01/02/	Member of Organizatio
Travel In lame of Or Bean Cour lity Of Dest Los Angele	formation rganization (If Any) nters Association of C/ tination es	A Ste	te or Foreign Coun	ry	Start Date End Date 12/28/08 01/02/ mm/dd/yy mm/dd	Member of Organizatio
Travel In lame of Or Bean Cour Xity Of Desh Los Angele	formation ganization (If Any) nters Association of C tination es	A Sta C/	te or Foreign Coun	ry	Start Date End Dat 12/28/08 01/02/ mm/dd/yy mm/dd ucation Code 87032 and Dis	Member of Organizatio
Travel In Jame of Or Bean Cour City Of Des Los Angele Pr	formation rganization (If Any) nters Association of Cr tination es urpose of Trave Por Professional develop	A Sta	te or Foreign Coun	y De consistent with Ed	Start Date End Dat 12/28/08 01/02/ mm/dd/yy mm/dd ucation Code 87032 and Dis	Member of Organizati
ravel In ame of Or Bean Cour Sity Of Des Los Angele Pu	formation rganization (If Any) nters Association of C tination es urpose of Trave & Por Professional develop	A Sta C/ tential Benefit t ment.	te or Foreign Coun	y	Start Date End Dat 12/28/08 01/02/ mm/dd/yy mm/dd ucation Code 87032 and Dist	Member of Organizati
ravel In ame of Or Bean Cour ity Of Des Los Angele Pu	formation rganization (If Any) nters Association of C. tination es urpose of Trave & Por Professional developr	A Sta C/ tential Benefit t ment.	te or Foreign Coun	y	Start Date End Dat 12/28/08 01/02/ mm/dd/yy mm/dd ucation Code 87032 and Dis	Member of Organizati
ravel In ame of Or Bean Cour ity Of Des Los Angele Pu	formation rganization (If Any) rders Association of C. tination es urpose of Trave & Por Professional developr	A Sta C/ tential Benefit f	te or Foreign Coun	ry	Start Date End Dat 22/28/08 01/02/ mm/dd/yy mm/dd ucation Code 87032 and Dis	Member of Organizati
ravel In ame of Or Bean Cour ity Of Des Los Angele Pu	formation rganization (If Any) nters Association of Cr tination es urpose of Trave a Por Professional developr Travel:	A Sta Cr tential Benefit f ment.	te or Foreign Coun	y	Start Date End Dat 12/28/08 01/02/ mm/dd/yy mm/dd ucation Code 87032 and Dis	Member of Organizati
Travel In lame of Or Bean Cour lity Of Des Los Angele Pr Pr Iethod of T ✓ Air ♥ T	formation rganization (If Any) nters Association of Cr tination es urpose of Trave® Por Professional developr Travel: Train/Bus ☑ Rental C	A Sta Cr tential Benefit t ment. :ar ♥ Persona	te or Foreign Coun	y	Start Date End Dat 12/28/08 01/02/ mm/dd/yy mm/dd ucation Code 87032 and Dis	Member of Organizati

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. <u>@sdccd.edu</u>)
- "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 <u>mm/dd/yy</u>
- End Date <u>mm/dd/yy</u>
- 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)

General	Proposed Budgets	Expenses	A/P Actu	al Budgets						
			Back	To List	Sav	ve Pri	int Top Fo	rm	Print Botto	m Form
udget E	xpense Limitation									
ABS G&C BL	SO/CD/ C/SFA/ udget	D	etail	Cost	t		Tops/	OL	-1	
Арр	Trovals Fund	10	10	12345	er	PI 64		5352	CL	Amount 1500.0
-	12	13	90	12345		60	1000	5352	_	200.0
										.0
							То	tal Budget Exp	ense Limitation	: 1700.0
e all or p	portion of expenses to	be reimbursed	by another a	gency?						
No 💿	Yes If yes, provi	de the name of	the agency:	City Fo	undatio	n Funds				
			Additional	Notes/Comm	nents					
ity Colle	ge Discretionary Found	ation Budget wil	l reimburse \$	100 in travel	costs.				 	
irect Pa	ay/Cash Advance R	equested?								
			(If Yes, att	ach a separa	te vouc	her for each	payee)		SDCCD Vouc	<u>her</u>
		i - to - ti		~ /	`				SDCCD Vouc	her Instruction
	R	egistration		• Yes () No					
	R L(egistration odging (hotel, m	otel, etc.)	● Yes(● Yes() No) No					
	R L(Ai to	egistration odging (hotel, m rline tickets (Fax travel agency	otel, etc.) approved TR	 Yes (Yes (Yes () No) No) No					
	L Ai to C	egistration odging (hotel, m rline tickets (Fax travel agency ash Advance (ou openses)	otel, etc.) approved TR it-of-pocket	 ● Yes () No) No) No) No					

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

PRINT TOP FORM (**Pre-Authorization to Travel Form**)

		DIRECTIONS Click Click Click Click Click	Tra : on the Tab Titles on the Save Butt on the Print Butt to view <u>District T</u>	To Switch Bett on to save your ons to print the ravel Procedure	ense ween Par r work Top or Bo es	Form ts Of The Fe ottom part o	orm f the Travel Expen	se Form.	
Expense	ID: TR-000356								
General	Proposed Budge	ts Expenses	A/P Actual	Budgets					
			Back	To List 🤮	Save	Print 1	Fop Form	Print Bo	ottom Form
Personal	Information				/	X			
Last Name	;			First N	lame			MI	District Employee?
Korab				Judy	/			M	⊙Yes ○No
Site		Department		Positio	on/Title			Work P	hone
District	*	Business Service	<u> </u>	Finan	ce & Bude	not Analyst		610	388 6082
District	•	Dusiness Gerri	.00		ce a buu <u>u</u>	Jet Analyst		(013	300 -0302
Home Add	Iress		Home City		ł	Iome State	Home Zip	Home	Phone
123 Anyto	wn St		Any City	/		CA 🗸	92019 -)
E-Mail Add	lress								
jkorab@s	dccd.edu			Click T	To Send Er	<u>mail</u>			
email_nam	ne@email_provider	s_name Example	: "abc@sdccd.eo	du"					
	TRA		PENSES	DIEGO COMMUNIT	TY COLLEGE	Pers	ion/Employee/Student ID No		
	PER	MISSION IS HEREBY REQU	ESTED TO TRAVEL AS IN	DICATED BELOW					
	Last	Name, First Name, Middle Initia b. Judy, M	I			District Em	ployee?		
	Site	& Department				Position/Tit	le		
	Distr Hom	ict Business Services e Address (Include Zip code)				Finance &	Budget Analyst		
	123	Anytown St Any City, CA 92)19						
	kora	ab@sdccd.edu							
	Nam Bear	e of Organization (if any) n Counters Association of CA	L.						
	City	Angeles		State or CA	Foreign Country	Date(s) of 12/28/08	Travel - 01/02/09		
	Purp Pro	ose of Travel & Potential Benefi fessional developme	t to the District: (Must be con: nt.	sistent with Education Code	e 87032 and Distri	ict Policy 8960 as re	vised) :		
	MET	HOD OF TRAVEL: 🔽 Air 🔽	Train/Bus 🔽 Rental Car 🔽	Personal Car			DIRECT PAY		
		ABSO/CD/ G&C/SFA/	BUDGE	T EXPENSE LIMITATION			(If Yes, attach a Registration		
		BUDGET FUND	DETAIL COST	TOPS/	OBJECT	AMOUNT	odging (hotel, motel, etc.)		
		11	1010 12345	641000 53	52	\$1,300.00	Airline Tickets (Fax approved T		
		12	1390 12345	601000 53	52	\$200.00	Other (Specify):		
			TO	AL BUDGET EXPENSE 11	IMITATION ==>	\$1,500,00	FOR A/P USE ONLY		
	Are a	Il or portion of expenses to be r	eimbursed by another agency	?		\$1,500.00	Open Travel Request		
	0	No 💽 Yes/Name of Agency: C	ty Foundation Funds	or Reimburgement Oka-10	A		-ost Direct Pay/Cash Advance Post Air Fare Information		
	Add	I. Notes/Comments (Use sepa	rate sheet if necessary): pundation Budget will r	eimburse \$100 in tra	vel coste		Post TR Expense Claim		
	City	Conege Discretionally F	and allon Budget Will h	simplifie o roo in ta	wer costs.		Close Travel Request		
						ſ	Varified by Commun/Denart		

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 Ac	tual Budgets	4						
			Bac	k To List	Save	Prir	nt Top Fo	rm	Print B	ottom Fo	orm
variables =	:1										
Travel Ex	kpense Claim										
Depart Date	e 12/28/08 Time 05:30	⊙ АМ ○ РМ									
	mm/dd/yy hh:mm		** PLEA	SE ENTER TRI	P DATE (MM/DE	O/YY) INFORM	TION PRIOR 1	TO ENTERING	EXPENSE DOL	LAR INFORMA	TION **
Return Date	e 01/02/09 Time 08:00	○ АМ ⊙ РМ	Dates	12/28/08	12/29/08	12/30/08	12/31/08	01/01/09	01/02/09		
	mm/dd/yy hh:mm		Dutos	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy	
			Dir. Pay								
	Receipts Not Requir	ed	Cash Adv.	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 Mea	als & Incidentals		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Per Diem (D	aily Max \$46)			46.00	46.00	46.00	46.00	46.00	46.00	0.00	276.00
				Ad	d Difference	e Between A	Actual and P	er Diem Exp	enses? 💿	Yes 🔿 No	276.00
As of 7/1/0	8 mileage rate is .585 c	ents per mile				Maximur	n Allowed E	xpense For	Meals and I	ncidentals	276.00

Total Meals & Incidentals Section

15

- 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

EXPENSES (Receipts Not Required Section - Continued)

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					ionou cap			Gontaro	
27.40 miles @ .585 = 16.03	.00	0.00	8.01	.00	.00	8.02	0.00	0.00	16.03
Persiste Persiand									

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 - Wotel, 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									
O 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
То	tal 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 Allo	wable Trave	el Expenses	3				1474.77
Add Cash Advances, If Any	0.00	B.Total Budg	get Expense	Limitation					1500.00
Total Direct Pay & Advances	1075.00	C. Less Dire	ect Pays & C	ash Advano	es				1075.00
Balance Due Is Calculated As F	ollows:	D. Less Am	ount Reimb	ursed or Bil	lled To Anot	ther Agency	,		.00
from A. If A is more than B, deduct from B.	c and D C and D	E. Balance D	ue (If negativ	e make chec	k 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)

	Prop	osed Budgets	Expenses	A/P	Actu	al Budgets							
					Back	To List	Save	Pr	int Top	Form	Prin	t Bottom F	orm
ables =	:1									/			
vel Ex	pense	e Claim											
art Date	12/28/	08 Time 05:30		1					/				
	mm/dd	/yy hh:mm			* PLEAS	E ENTER TRIP D	ATE (MM/DD	YY) INFOR	MATION PP	NOR TO ENTER	ING EXPENSE	DOLLAR INFORM	IATION **
urn Date	01/02/	09 Time 08:00			<u>.</u>	12/28/08 1	2/29/08	12/30/08	12/31/	08 01/01/0	01/02/09	•	
	mm/dd	/yy hh:mm			Dates	mm/dd/yy m	m/dd/yy	mm/dd/yy	mm/dd	/yy mm/dd/	yy mm/dd/y	y mm/dd/yy	
				Dir.	Pay								_
	Rece	ipts Not Require	ed	Cash	Adv.	SUN	MON	TUE	WED) THU	FRI	SAT	тс
akfast (Per Diem	Max. \$10)			.00	.00	.00	.00)	.00	.00 .0	0.00	
Спск	с при	INI BOI	IOMFO	K M									
							. <u>"</u>	Close	Window	v I 🖶 Pri	nt		
TDAV		DENSE CLAIM	(MILCT DE C	IDMIT				TDAVE	<u>,</u>				
IRAV		PENSE CLAIM	(MUSI DE S	UDIVITI	IED OF	ONCOMPLI		TRAVEL	-)		Person/Emp	oloyee/Student	ID No:
and a	100										-		
	A.				SAN	DIEGO CO	OMMUN	ITY CO	LLEGE	DISTRIC	1		TR
No.	T.S.												
Last Na Kasak	ame, Fir	st Name, Middle Ir	nitial							Distr	ict Employee?		
Norab,	Juay, I	VI 								. O	res () No		
District	Busine	en. Services								Fina	nce & Budge	t Analyst	
Home /	Address	(Include Zip code)											
123 Ar	nytown	St Any City, CA	92019										
Email A	ddress:												
jkorab	@sdcco	d.edu				-1	, ,						
Name (of Organ	ization (if any)	CA										
City	Souncer	s Association of	UN .				State	or Foreign	Country	Date	(s) of Travel		
Los Ar	ngeles						CA		,	12/2	28/08 - 01/02	2/09	
Purpos	e of Trav	vel & Potential Ber	efit to the Dist	rict: (Mus	st be co	nsistent with Ed	lucation Co	de 87032 a	and Distri	ct Policy 8960) as revised) :		
Profe	essio	nal develop	ment.										
DEPART	TURE DAT	TE/TIME:	·	12/28/0	08 ()5:30 AM	DAT	ES 12/2	28/08	12/29/08	12/30/08	12/31/08	01/01/
RETURN	N ARRIVA	L DATE/TIME:	(01/02/0)9 (8:00 PM	DIR. PA	W/				ACTUAL	EXPENS
			EXPENSE ITEM				CASH AL	DV.	SUN	MON	TUE	WED	тн
		BREAKFAST (Pe	r Diem Max \$10))				_					
R	R			·				_					
REC	REO	LUNCH (Per Dier	m May \$15)	Q LUNCH (Per Diem Max \$15) N U									
R E C E		LUNCH (Per Dier	m Max \$15)										
R E C E I		LUNCH (Per Dier DINNER (Per Die	m Max \$15) em Max \$21)										
R E C E I P T		LUNCH (Per Dier DINNER (Per Die INCIDENTALS (II	m Max \$15) em Max \$21) nolude necessary bi	ut unreceip	ted expens	665)							
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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.



xpense	ID: TR-000330	Click	k to view	District Travel Policy			
General	Proposed Budgets	Expenses	A/P	Actual Budgets			
				Back To List	Save	Print Top Form	Print Bottom Form
For A/P	Use Only			Verificati	on by Camp	us/Department Liaiso	n Officer
	Open Travel Request L	S 07	mm/dd/ 7/03/08	Trav	el Request Bl	L 06/15/08	
Post Direc	t Pay/Cash Advances L	.S 06	5/21/08	Travel Exp	ense Claim Bl	L 07/17/08	
Pos	st Air Fare Information L	.S 07	7/15/08	Concert/M	. La r		
Po	st TR Expense Claim L	.S 07	7/19/08	Cancel/V	Initial Da	te mm/dd/yy	N
				Cancel/Voi	d		R

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 <u>READ ONLY</u>)

Notes/Comments

• For A/P and Campus/Department Liaison Officers to enter notes/comments

Actual Budget(s) Section "Inquiry only"

Expense	ID: TR-00	0356									
General	Propose	d Budgets	Expense	s A/P	Actual Budgets	i					
					Back To List	Save	Print	Top Form	Pri	nt Bottom Forn	h
Actual Bu	idget Exp	ense									
				Account N	umber						
Refe	rence	Fund	Det.Fnd	C.C.	Tops	Obj	Amount		Description	Comments	
		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

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