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| FISCAL FORM 72024 - 1 | | | | |  | | | | | | | | | | | | | | | | | Conference T **Request** Number | | | | | |  | |
| **LOS ANGELES COMMUNITY COLLEGE DISTRICT**  Travel Expense Claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MEETING OR CONFERENCE** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **H****ELD AT** | | |  | | | | | | | | | **FROM (DATE)** | | |  | | | | | **TO (DATE)** | | | | |  | | | | |
| **OTHER CITIES VISITED (AS DIRECTED BY BOARD OF TRUSTEES)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BOARD AUTHORIZATION:**  **CONFERENCE REQUEST NUMBER** | | | | | | | | **DATE** | | | | | **ALLOTMENT NUMBER TO BE CHARGED** | | | | | | | | **COLLEGE OR DIVISION** | | | | | | | | |
| T | | | | | | | |  | | | | | **000-****-****-586100** | | | | | | | |  | | | | | | | | |
| **DEPARTURE HOUR** | | | | **A.M.** | | **DEPARTURE DATE** | | | | | | | **RETURN HOUR** | | | | **A.M.** | | **RETURN DATE** | | | | | | | | | | |
|  | | | | **P.M.** | |  | | | | | | |  | | | | **P.M.** | |  | | | | | | | | | | |
| **DATE** | | Sun | | | | Mon | | | Tues | | Wed | | Thur | Fri | | | | Sat | Sun | | | | Mon | Tues | | Total | | | |
| **Breakfast** | |  | | | |  | | |  | |  | |  |  | | | |  |  | | | |  |  | |  | | | |
| **Lunch** | |  | | | |  | | |  | |  | |  |  | | | |  |  | | | |  |  | |  | | | |
| **Dinner** | |  | | | |  | | |  | |  | |  |  | | | |  |  | | | |  |  | |  | | | |
| **Room** | |  | | | |  | | |  | |  | |  |  | | | |  |  | | | |  |  | |  | | | |
| **Subtotal** | | **0.00** | | | | **0.00** | | | **0.00** | | **0.00** | | **0.00** | **0.00** | | | | **0.00** | **0.00** | | | | **0.00** | **0.00** | | **0.00** | | | |
| Conference Fees | |  | | | |  | | |  | |  | |  |  | | | |  |  | | | |  |  | |  | | | | |
| Telephone & Telegraph | |  | | | |  | | |  | |  | |  |  | | | |  |  | | | |  |  | |  | | | |
| Portage | |  | | | |  | | |  | |  | |  |  | | | |  |  | | | |  |  | |  | | | |
| **Taxi & Bus** | |  | | | |  | | |  | |  | |  |  | | | |  |  | | | |  |  | |  | | | |
| Airport Tax | |  | | | |  | | |  | |  | |  |  | | | |  |  | | | |  |  | |  | | | |
| Parking | |  | | | |  | | |  | |  | |  |  | | | |  |  | | | |  |  | |  | | | |
| Other | |  | | | |  | | |  | |  | |  |  | | | |  |  | | | |  |  | |  | | | |
| **Subtotal** | | **0.00** | | | | **0.00** | | | **0.00** | | **0.00** | | **0.00** | **0.00** | | | | **0.00** | **0.00** | | | | **0.00** | **0.00** | | **0.00** | | | |
| **Notes:** | | | | | | | | | | | **Air or Railroad Fare:** | | | | | | |  | | | | |  | | |  | | |  |
|  | | | | | | | | | | | **or Automobile (Board Rule 7503.10)** | | | | | | | Miles | | | | | **@$.54/mile** | | |  | | | **0.00** |
| TOTAL AMOUNT OF CLAIM  Minus Advance or Charges to CalCard  Total Amount Due to Employee | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | **0.00** | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | **0.00** | | |
| I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT | | | | | | | | | | | | | **APPROVED FOR PAYMENT BY:** | | | | | | | | | | | | | | | | |
| **(SIGNED)** | | | | | | | | | | DATE | | | **(SIGNED)** | | | | | | | | | | | | | | | **DATE** | |
|  | | | | | | | | | |  | | |  | | | | | | | | | | | | | | |  | |
| **Print Name** |  | | | | | | | | | | | | **Print Name** | | |  | | | | | | | | | | | | | |
| **Title** |  | | | | | | | | | | | | **Title** | | |  | | | | | | | | | | | | | |
| AFTER APPROVAL SEND ORIGINAL AND DUPLICATE TO:  DISTRICT OFFICE ACCOUNTS PAYABLE 770 WILSHIRE BOULEVARD. LOS ANGELES, CA 90017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |