|  |  |  |  |
| --- | --- | --- | --- |
| 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      | **@$.54/mile** |  | **0.00** |
| TOTAL AMOUNT OF CLAIMMinus Advance or Charges to CalCardTotal Amount Due to Employee | **$** | **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 |