



Please complete this application for all travel, including conferences, meetings, seminars, workshops and training.

This section to be completed by the applicant (person attending)

NAME: LAST FIRST EMPLOYEE ID# POSITION DEPT EXT. Full-time Academic Part-time Academic Classified Administrator/Mgmt CAMPUS: LAC PCC MAIL CODE TITLE OF EVENT: LOCATION OF EVENT: STATE DATES: From To NO. OF SCHOOL DAYS SUBSTITUTE NEEDED: YES NO REASON FOR ATTENDING

All Faculty travel authorization requests shall be directed through the Faculty Professional Development Department. See Reg. 3024.3.B.4 for authorization required.

COST ESTIMATES

1. Please refer to LBCCD Regulation 3024 Policy on Travel and Professional Conference Attendance for clarification and instructions. 2. Travel Authorization Form Instructions can be found on the Fiscal Services 'FORM' website. 3. Please fill in the cost estimates below. Send it through the signature process, then to Fiscal Services. You may request assistance from the district to prepay in advance: the registration, airfare, car rental, and lodging by checking the option boxes below. FISCAL SERVICES MUST RECEIVE YOUR TRAVEL APPLICATION 2 WEEKS IN ADVANCE OF THE TRAVEL DATE.

Once Fiscal Services receives the Travel Authorization form, you will be sent a yellow Claim Form. This form must be completed when you return from the travel event. Please follow all directions. (The yellow Claim Form is used to finalize the travel and process payment for expenses to be reimbursed.)

Please check items you're requesting the District to PREPAY for you - you are required to provide all information needed for Fiscal Services to make reservations.

- REGISTRATION - Please attach your confirmation showing you registered for the conference, dollar amount due, conference name & mailing address, and conference agenda.
AIR FARE - Tourist class only. Please attach a copy of requested date, time, airline, and flight number. Department is responsible for all price changes. First and last name on the top portion of this form must be the name that appears on your Driver's License, so reservations can be processed correctly. REQUIRED date of birth (MM/DD/YYYY).
CAR RENTAL - Please make sure to purchase the liability/collision insurance coverage offered by the car rental agency and make the rental agreement in YOUR Name, c/o Administrative Services, Long Beach City College, 4901 E. Carson St. Long Beach, CA 90808. Itemized receipt and gas receipts needed for claim. (LBCCD will not pay car rental to drive from home or college to your travel event.)
LODGING - Attach a copy of requested hotel, check in and out dates. Cost not to exceed single occupancy rate. Expenses for overnight lodging will not be reimbursed for trips within 50 miles one way of college without prior approval of Superintendent-President.

Please fill in the following estimates for expenses to be REIMBURSED after returning from conference

\$ _____ **MILEAGE** – This is calculated at the number of miles multiplied by the current IRS rate. Payment of mileage for driving personal vehicle to a travel event site rather than flying, will be air fare (tourist class only) or mileage expense, whichever is less. No receipt required.

\$ _____ **PARKING** – Receipt needed for claim.

\$ _____ **SHUTTLE/TAXI/BUS/TRAIN/BART/TOLLS** – Receipt needed for claim.

\$ _____ **TELEPHONE/INTERNET** – Receipt needed for claim. Claim approved only if incurred in conducting College/District business.

\$ _____ **MEAL REIMBURSEMENT** – All allowable meals for which expenses are incurred shall be paid using the current IRS rate for per-diem regular method. \$51 per-diem (breakfast \$12, lunch \$15, and dinner \$24). All meals that are provided by a conference will not be included in meal per-diem reimbursement (see meal allowance table).

\$ _____ **TOTAL ESTIMATE** **APPLICANT'S SIGNATURE** _____ **DATE** _____

SIGNATURE OF APPLICANT'S IMMEDIATE SUPERVISOR _____

PRINT NAME _____ DATE _____

THERE COULD BE ONE OR MORE FUNDING SOURCES

Faculty Professional Development approval only if requesting funding (limit: PT \$175, FT \$450)

\$ _____ **AMOUNT APPROVED** **ACCOUNT NUMBER** _____ - _____ - _____ - _____
Object/Account Fund Dept./Activity Program

Faculty Professional Development Approval Signature _____ DATE _____

Vice President, Academic Affairs Approval Signature _____ DATE _____

First funding source approval (Department Budget, Student Equity, Student Success, or CTE)

\$ _____ **AMOUNT APPROVED** **ACCOUNT NUMBER** _____ - _____ - _____ - _____
Object/Account Fund Dept./Activity Program

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____ Ext. _____

Other funding source approval

\$ _____ **AMOUNT APPROVED** **ACCOUNT NUMBER** _____ - _____ - _____ - _____
Object/Account Fund Dept./Activity Program

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____ Ext. _____

TRAVEL AUTHORIZATION – This section is to be completed by the applicant's area Director or Dean and Vice President. Vice Presidents need signature of superintendent-President.

APPROVAL SIGNATURE _____ **DATE** _____ **VICE-PRESIDENT** _____ **DATE** _____
Director or Dean

PRINT NAME _____ **PRINT NAME** _____

Please send completed travel authorization application form to: Fiscal Services, Attn: **LaTonyua Harden, Y-14, Ext. 4459.**

PLEASE FILE YOUR CLAIM FOR EXPENSES WITHIN THREE WEEKS OF YOUR RETURN.