

## DEL MAR COLLEGE STATEMENT OF TRAVEL EXPENSES FOR 2017

You must attach a copy of your approved Professional Travel and Development Leave Request form and a copy of the conference/meeting agenda indicating location, date and time of meetings, and listing of meals provided. (A3.14.4)

Date \_\_\_\_\_ Name \_\_\_\_\_ Colleague ID # \_\_\_\_\_ Trip to: \_\_\_\_\_  
 Address (If not DMC employee) \_\_\_\_\_ Date(s): \_\_\_\_\_  
 Purpose of Leave/Trip: \_\_\_\_\_

**Check if not a DMC Employee**

### EXPENSES

**Transportation (College Policy A3.14.5) Amount Paid**

Air—attach passenger receipt \_\_\_\_\_  
 Personal Auto—attach gasoline receipt or evidence of area visited, \_\_\_\_\_  
 Or log for local travel: Mileage \_\_\_\_\_ Miles @ .535 (01/01/17) \_\_\_\_\_  
 Rental vehicle—attach receipt (if approved in advance) \_\_\_\_\_  
 Local vehicle rental—(thru Purchasing) Request # \_\_\_\_\_  
 Parking /shuttle/cab fare—attach receipts \_\_\_\_\_  
**Hotel (College Policy A3.14.6)—attach itemized receipt; room and taxes only** \_\_\_\_\_  
 Long Distance Telephone Charges (College Policy A3.14.8)-- \_\_\_\_\_  
**Registration—attach receipt** \_\_\_\_\_  
**Meals (College Policy A3.14.7) —per diem basis** \_\_\_\_\_

Departed on \_\_\_\_\_ @ \_\_\_\_\_ am pm. Returned \_\_\_\_\_ @ \_\_\_\_\_ am pm

MEAL		SUN	MON	TUE	WED	THUR	FRI	SAT
Breakfast	\$ 10							
Lunch	\$ 15							
Dinner	\$ 26							
Incidentals	\$ 3							

**TOTAL EXPENDITURES** \$ \_\_\_\_\_  
 Less Amt. Prepaid - \_\_\_\_\_  
 Plus any Refunds + \_\_\_\_\_  
**NET AMOUNT DUE** \$ \_\_\_\_\_ Me College



\_\_\_\_\_  
 Signature/Date Chairperson/Director/Supervisor/Date Division Dean/Date

\_\_\_\_\_  
 Division Vice President/Date President (when applicable)/Date Office of CFO/Vice President of Operations