

**DEL MAR COLLEGE
STATEMENT OF TRAVEL EXPENSES 2016**

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 @ 56¢ (01/01/14) _____
 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 _____