

From: Yemmy Taylor x 5388

Re: Staff Development Claim Reimbursement

Please complete the attached form and return them to me with your original receipts\*. These forms are modified for Staff Development and are on line. Please keep a copy for your personal records.

- \*No receipts are required for meals. The District meal allowance is as follows:

Breakfast	\$10.00
Lunch	\$15.00
Dinner	\$25.00
- Meals provided by the conference are usually included in the registration fee. No reimbursement will be given for these meals. (Please include a copy of the conference program with your claim as our accounts payable department will check for meals provided against your claim.)
- When doing a Map Quest or Google Map to document mileage for reimbursement, please use the college address, 5500 Irvine Center Drive, Irvine, California 92618 as your starting point, DO NOT use your home address as your starting point.
- You may complete and submit your C3 form to Yemmy Taylor electronically or submit a hard copy with your reimbursement claim.

If you have any questions call or email me ([ytaylor@ivc.edu](mailto:ytaylor@ivc.edu))

To return these forms to me:

1. I have a mail folder in A 200
2. My office is in the A 200 building, A 228. If I am not in my office, please place the completed reimbursement packet in the mail bin in front of my office.

Thank You

**SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

**REIMBURSEMENT CLAIM**

*Effective Jul-Dec 2008*

**Submit all copies of claim form within 30 days of conference attendance.**

Last Name	First Name	Initial	Date	
Address Number	Street	City	State	Zip

**STATEMENT OF THE ACTUAL AND NECESSARY EXPENSES, INCLUDING TRAVEL EXPENSES INCURRED IN THE COURSE OF PERFORMING SERVICES FOR THE DISTRICT**

Name of Conference/Meeting \_\_\_\_\_

Conference Location \_\_\_\_\_

Dates in Attendance \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Time: \_\_\_\_\_

1. Transportation (other than car) **Attach Original Itemized Receipts** \_\_\_\_\_
2. Car Mileage \_\_\_\_\_ X \$ 0.585 *attach internet map indicating mileage* -  
*Milage claimed shall be the amount in excess of miles normally traveled to your work assignment.*
3. Lodging - **Attach Original Itemized Receipts** \_\_\_\_\_
4. Registration Fees - **Attach Original Itemized Receipts** \_\_\_\_\_
- Meal Allowance Per Administrative Regulation 4052 \*
5. **Non-Overnight - MUST HAVE RECEIPTS** \_\_\_\_\_

**\* Attach Conference/Workshop/Event Agenda**

Date	Breakfast	Lunch	Dinner	Total
				-
				-
				-
				-
				-

**Total Meals: \$** \_\_\_\_\_

6. **Miscellaneous (Itemize) - Attach Original Receipts**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Total Other: \$** \_\_\_\_\_

Req. Number \_\_\_\_\_ Acct. No. \_\_\_\_\_

I certify that the above are actual and necessary expenses incidental to this meeting, and if mileage is being claimed hereon that I had at the time the use of my private automobile such insurance as required by district policies and administrative regulations for Public Liability and Property Damage.

**Total Claim: \$** \_\_\_\_\_

**Less Advance:** \_\_\_\_\_

**Net claim: \$** \_\_\_\_\_

\_\_\_\_\_

Full Signature of Claimant

Approvals:

\_\_\_\_\_

Division/Department Supervisor