California Community Colleges Financial Aid
TRAVEL EXPENSE CLAIM
FYSI June 17, 2014

PLEASE TYPE OR PRINT

1 Claimant: ____________________________

2 Mailing Address: ____________________________

3 Day Phone: ____________________________ Email: ____________________________

4 College/Organization: ____________________________

5 Meeting/Activity: ____________________________ Date(s) ____________________________

6 Location: ____________________________

7 Date of Departure ____________________________ AM/PM Date of Return ____________________________ AM/PM

8 Time of Departure ____________________________ AM/PM Time of Return ____________________________ AM/PM

I hereby certify that all expenses represented by this claim were expended in accordance with all applicable Federal and State regulations for this project.

9 X

Claimant’s Signature (Not in BLACK) ____________________________ Date ____________

CLAIM FOR REIMBURSEMENT EXPENSES *** Allow up to 8 weeks for processing

TRAVEL: (Receipts must be attached for common carrier)

10 Common Carrier name: ____________________________ Total Cost $ ____________

11 Private Auto: Total # miles ____________ x $0.560 = $0.00 Must Inc Mapquest ______ $ ______

12 HOTEL COSTS: (Receipt must be attached) ________ $ ______

13 OTHER EXPENSES: (Receipts must be attached) Parking, airport shuttle, etc. Tolls no rcpt ok ______ $ ______

Sub-Total $ ______

Subsistence Allowance:

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Incidentsal</th>
<th>Total Subsistence Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>x $7.00 = $</td>
<td>x $11.00 = $</td>
<td>x $23.00 = $</td>
<td>x $5.00 = $</td>
<td></td>
</tr>
</tbody>
</table>

Total Subsistence Allowance $ ______

Make sure form is signed above and all ORIGINAL RECEIPTS are attached (STOP - Do not write below this line)

Chancellor’s Office Use Only

Contract Number: C13-0040
Contract Monitor: Rhonda Mohr

Reviewed by: ____________________________ Date ____________________________

Approved by: ____________________________ Date ____________________________

Contract Monitor ____________________________ Date ____________________________

Riverside Project Director ____________________________ Date ____________________________

Mail complete form to: Terence Gardner
1102 Q St Suite 4554 Sacramento, CA 95814