



**California Community Colleges CalWORKs  
TRAVEL EXPENSE CLAIM  
Riverside Community College District**

**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 \_\_\_\_\_ Date of Return \_\_\_\_\_

**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**  \_\_\_\_\_ Date \_\_\_\_\_  
**Claimant's Signature (Not in BLACK)**

**CLAIM FOR REIMBURSEMENT EXPENSES**

**TRAVEL:** (Receipts must be attached for common carrier)

<b>10</b>	Common Carrier name: _____	Total Cost \$	-	
<b>11</b>	Private Auto: Total # miles _____ x \$0.555 = \$0.00	\$	-	
<b>12</b>	<b>HOTEL COSTS:</b> (Receipt must be attached)	\$	-	
<b>13</b>	<b>OTHER EXPENSES:</b> (Receipts must be attached) Parking, bridge tolls, airport shuttle, etc.	\$	-	
			<b>Sub-Total \$</b>	<b>-</b>

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

Chancellor's Office Use Only			
Subsistence Allowance			
	Breakfast _____	x	\$6.00 = \$ -
	Lunch _____	x	\$10.00 = \$ -
	Dinner _____	x	\$18.00 = \$ -
	Incidentals _____	x	\$6.00 = \$ -
			Total Subsistence Allowance \$ -
			<b>Total Amount of Claim: \$ -</b>

Contract Number: **12-0031**  
 Contract Monitor: **Jason Orta**

Reviewed by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Contract Monitor \_\_\_\_\_ Date \_\_\_\_\_ Riverside Project Director \_\_\_\_\_ Date \_\_\_\_\_

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Dean initials \_\_\_\_\_ Date / Vice Chancellor, Student Services \_\_\_\_\_ Date \_\_\_\_\_