PLEASE SUBMIT ALL COPIES IN TRIPLICATE TO BUSINESS SERVICES OFFICE

DISTRICT TRAVEL CLAIM

San Joaquin Delta Community College District

CLAIM NUMBER_____

DESTINATION AND PURPOSE OF TRIP_____

_____

CONFERENCE HEADQUARTERS:_____

DATE_____ AND TIME_____ A.M./P.M. OF DEPARTURE: DATE_____ AND TIME_____ A.M./P.M. OF RETURN

DATE	DESCRIPTION OF EXPENDITURE	LOCATION	EXPENDITURE	BUSINESS OFFICE USE ONLY

I hereby certify that this is a true and correct statement of expenditures incurred for the purpose indicated above.

SUB-TOTAL $_____

_____ MILES @_____¢ PER MILE $_____

_____ MILES @_____¢ PER MILE $_____

LESS ADVANCE $_____

TOTAL OF CLAIM $_____

_____
NAME (PRINT OR TYPE)

_____
SIGNATURE

ROUTING:

ALL CHECKS WILL BE SENT INTEROFFICE MAIL TO TRAVELER UNLESS CHECKED HERE ☐

TO BE MAILED TO HOME ADDRESS OF:

_____
ADDRESS

_____
CITY ZIP

FOR BUSINESS SERVICES USE ONLY

_____

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

Business Services Office