OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM

CLAIM

FISCAL SERVICES/#2051/REVISED, JANUARY 2024

NOTE: EACH INDIVIDUAL MUST SUBMIT THIS CLAIM FOR APPROVED EXPENSES FOR APPROVED TRIPS OUTSIDE AREA SERVICED BY THE DISTRICT. SEE BOARD POLICY 7400

							DATE :			
NAME :							DATATEL NO. :			
PURPOSE OF 1	TRIP:						DESTINATION :			
DEPARTED	DATE:		RETURNED	DATE:			-			
	TIME:	TIME:		TIME:			•			
	RECEIPT REQU	IRED*)	\$			AMOU	NT			
PRIVATE CAR TOTAL NUMBER OF MILES (ROUND TRIP)				@			TOTAL MILEAGE AMOUNT	= \$		
		TRIPS OVER 24HRS, (SONABLE AS PER BO.	ARD POLICY 7400	D. (*RECEI		ED*)		= \$		
MEAL ALLOV	LUNCH ()	DINNER () AFTER 5:30 PM BY REGISTRATION			\$					
☐ RE			\$\$ \$\$	-		ER EXPENSE DE	TOTAL EXP			
AREA DEAN/DEPARTMENTAL MANAGER'S SIGNATURE				CLAIM NOT TO EXCEED AMOUNT (LISTED ON TRIP REQUEST) - REIMBURSEMENT FOR TOTAL EXPENSES OR NOT TO EXCEED AMOUNT (WHICHEVER IS LESS) CLAIMANT						
AREA VICE PRESIDENT/PRESIDENT'S SIGNATURE							SIGNATURE CERTIFIES	CLAIM FOR ACTUAL EXPEND	ITURES	
			FISCAL	SERVICE	S USE ONL	<u>.Y:</u>				
VOUCHER:			DL		_		FISC	AL SERVICES APPROVAL		
CHECK #:							DISENCUMBRANCE COMPLETED			
ACCOUNT LINE					AMOUNT \$					
ACCOUNT LINE POLITING PROCEDURE: INITIATORS MANAGER /DE							AMOUNT \$			