

OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM
CLAIM
 FISCAL SERVICES/#2051/REVISED, JANUARY 2026

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 TRIP : _____ DESTINATION : _____

DEPARTED	DATE:	RETURNED	DATE:
	TIME:		TIME:

MODE(S) OF TRAVEL USED:

- AIRPLANE/TRAIN/BUS/RENTAL (*RECEIPT REQUIRED*) \$ _____
 PRIVATE CAR

TOTAL NUMBER OF MILES (ROUND TRIP) _____ @ _____ = \$ _____

LODGING: EXPENSES FOR TRIPS OVER 24HRS, OUTSIDE OF THE DISTRICT BOUNDARIES SHALL BE REIMBURSED IF DEEMED PRUDENT AND REASONABLE AS PER BOARD POLICY 7400. (*RECEIPT REQUIRED*)

DAYS _____ (INCLUDES HOTEL TAXES/FEES) = \$ _____

MEAL ALLOWANCE: NO RECEIPT REQUIRED

_____ BREAKFAST (____) _____ LUNCH (____) _____ DINNER (____)
 PRIOR TO 7:30 AM AFTER 5:30 PM
 \$ _____
 \$ _____
 * LESS MEALS COVERED BY REGISTRATION

OTHER EXPENSES: *RECEIPT REQUIRED*

- REGISTRATION (PAID BY CLAIMANT) \$ _____
 PARKING/TAXI/SHUTTLE \$ _____
 OTHER EXPENSE \$ _____

OTHER EXPENSE DESCRIPTION _____

TOTAL EXPENSES: _____
 CLAIM NOT TO EXCEED AMOUNT _____
 (LISTED ON TRIP REQUEST) _____

_____ AREA DEAN/DEPARTMENTAL MANAGER'S SIGNATURE REIMBURSEMENT FOR **TOTAL EXPENSES OR NOT TO EXCEED AMOUNT (WHICHEVER IS LESS)** _____

_____ AREA VICE PRESIDENT/PRESIDENT'S SIGNATURE CLAIMANT SIGNATURE CERTIFIES CLAIM FOR ACTUAL EXPENDITURES

FISCAL SERVICES USE ONLY:

VOUCHER: _____	DL <input type="checkbox"/> _____
AMOUNT: _____	INS <input type="checkbox"/> _____
CHECK # : _____	CHECK DATE: _____

_____ FISCAL SERVICES APPROVAL

DISENCUMBRANCE COMPLETED

ACCOUNT LINE _____ AMOUNT \$ _____

ACCOUNT LINE _____ AMOUNT \$ _____

ROUTING PROCEDURE: INITIATOR>MANAGER/DEAN APPROVAL>VP/PRESIDENT APPROVAL>FISCAL SERVICES>cc:FISCAL SERVICES