

OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM

CLAIM - STUDENT

FISCAL SERVICES/#2051/REVISED, JULY 2026

RESET FORM

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) _____ @ .76 TOTAL MILEAGE AMOUNT \$ 0.00 = \$ 0.00

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) = \$ 0.00

MEAL ALLOWANCE: NO RECEIPT REQUIRED

_____ BREAKFAST (\$6) _____ LUNCH (\$8) _____ DINNER (\$11)
 PRIOR TO 7:30 AM AFTER 5:30 PM \$ 0.00
 * LESS MEALS COVERED BY REGISTRATION \$

OTHER EXPENSES: *RECEIPT REQUIRED*

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

OTHER EXPENSE DESCRIPTION

TOTAL EXPENSES: \$ 0.00
 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) \$ 0.00

CLAIMANT

AREA VICE PRESIDENT/PRESIDENT'S SIGNATURE

SIGNATURE CERTIFIES CLAIM FOR ACTUAL EXPENDITURES

FISCAL SERVICES USE ONLY:

VOUCHER: _____ DL ☐ _____
 AMOUNT: _____ INS ☐ _____
 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