OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM

CLAIM

FISCAL SERVICES/#2051/REVISED, NOVEMBER 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:

CHECK WILL BE PICKED UP ☐

MODE(S) OF TRAVEL USED: **AMOUNT**

☐ 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) = $

MEAL ALLOWANCE: NO RECEIPT REQUIRED

_____ BREAKFAST ($16) PRIOR TO 7:30 AM _____ LUNCH ($19) _____ DINNER ($28) 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 $ 0.00

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