

**PALO ALTO COLLEGE
COLLEGE PROCEDURES**

Procedure Number: S 15.2
Procedure Title: Student Travel
Relevant Board Policy: [C.2.9 Employee Travel Expense Reimbursement \(Policy\)](#)
[C.2.9.1 Employee Travel Expense Reimbursement](#)
[\(Procedure\)](#)

Originating Unit: Office of Student Life
Maintenance Unit: Vice President Student Success

I. Purpose

This procedure is in accordance with Alamo Colleges Policy C.2.9 Employee Travel Expense Reimbursement & C.2.9.1 Employee Travel Expense Reimbursement Procedure and serves as a guide for eligible Palo Alto College employees traveling with Palo Alto College students for planning and carrying out productive, cost-effective, business, extracurricular, and co-curricular travel.

To accomplish this, travelers are required to:

- A. Verify that the departmental budget has adequate funds available before making arrangements;
- B. Carefully plan their trips in advance (at least 60 days in advance),
- C. Attend the required Student Travel training work sessions provided by Student Life (at least 60 days in advance);
- D. Make arrangements that will accomplish the purpose of the trip without excessive or unnecessary expense to Palo Alto College.

All expenses must be actual, necessary and reasonable under the circumstances. This procedure applies to all Palo Alto College student related travel expenses regardless of funding source, unless the grantor specifies in writing that more restrictive terms and rates will apply. Palo Alto College employees and students are asked to exercise control in incurring travel expenses.

Pursuant to this policy, it is understood that travel occurs only beyond the boundaries of Alamo Colleges. Journeys beyond the boundaries of the Alamo Colleges, whether sponsored by the college or not, are considered student travel. As such, they are subject to the relevant guidelines within this policy.

II. Processing Travel

The department or division funding 50% or more of the student travel will be responsible for processing the travel. This includes ensuring funding is available, completing the required travel authorization forms and supporting documentation, making travel

arrangements, securing advances, and completing travel expense statements and supporting documentation.

III. **Funding Sources**

Possible funding sources for student travel may include but are not limited to the following:

- A. Revenue from fundraising [F.5.3 Student Fund Raising \(Policy\)](#)
- B. Student Organization agency account
- C. Student Services/Activities Fee Allocation or Award [F.2.3 Student Fees \(Policy\)](#)
 - a. Students must request funds through the Student Services Fee Committee by the posted deadline [S 18.0 Student Services Fee – Request for Funding](#)
- D. Vice President of Student Success
 - a. After all other funding sources have been exhausted, student organizations may request funding if available through the Vice President of Student Success

IV. **Travel Authorization**

Palo Alto College employees requesting to travel with Palo Alto College students for official college business, conferences, extra/co-curricular, and/or official Palo Alto College Registered Student Organization related travel must complete and submit the following documents and obtain the approvals listed below.

A. Travel Authorization Forms:

- i. **Student Travel Authorization Form for Overnight Travel** (Exhibit C) or **Student Event Form for Non-overnight Travel** (Exhibit D): One of these forms must be completed to receive authorization to travel with students.
 - a. It is only necessary to complete either one Student Travel Authorization Form or one Student Event Form for the student(s) for each trip.
- ii. **Employee Travel Authorization** (Exhibit E): Each Palo Alto College employee traveling with the student(s) will need to complete the Alamo Colleges Employee Travel Authorization.
- iii. **Student and Employee Travel Authorization Forms must include:** all projected expenses related to the travel including prepaid expenses:
 - a. See [C.2.9.1 and Employee Travel Procedure Section V. Allowable Expenses A. Registration/Meeting Minutes](#)

V. Transportation:

- 1. See [C.2.9.1 and Employee Travel Procedure Section V. Allowable Expenses B. Air and Rail Fare](#)
- 2. Air arrangements must be made through an Alamo Colleges approved travel agency. Contact National Travel Systems at 1-800-814-3336 ext. 216 and

provide specific reservation needs (flight only) for each member traveling. Travel quote must be included in documentation. Note: A reservation is not secured until National Travel Systems receives the signed confirmation request with accounting information from Office of Student Activities.

3. Charter bus arrangements must be made through an Alamo Colleges approved vendor. Quote must be included in documentation.
4. Rental car arrangements must be made through the following Alamo Colleges approved rental agency: Enterprise Rent-A-Car (corporate account # - TXJ0150). Note: A reservation is not secured until the rental agency receives a purchase order number from District. Include quote in travel authorization packet. No personal vehicle may be used when traveling with students.
5. Student organizations can also use the Palo Alto College Vehicle Driving Procedure S 15.1. The club advisor should have completed the approved Alamo Colleges defensive driving course.

C. Lodging: See [C.2.9.1 and Employee Travel Procedure Section V. Allowable Expenses F. Lodging](#)

1. When travel requires overnight accommodations, Employee must contact the hotel directly to make the reservations for group and attach hotel reservations to travel authorization packet. Note: Employee will be required to give a credit card number to hold the reservation. It is essential when checking out of hotel to collect all hotel receipts detailing stay. Hotel Occupancy Tax Exemption Certification may be used when traveling in Texas.

CI. Meals: See [C.2.9.1 and Employee Travel Procedure Section V. Allowable Expenses G. Meals](#)

1. Cost of meals are reimbursable for overnight travel. Meals are not reimbursed if meals are provided at conference. If the Advisor receives a travel advance, the advisor will have to pay the amount back.

CII. Other Allowable Expenses: See [C.2.9.1 and Employee Travel Procedure Section V. Allowable Expenses J. Other Allowable Expenses](#)

1. These expenses should be included on the Student(s) Travel Authorization Form.
2. Expenses include: baggage fees, gas, toll roads, shuttle services, metro and/or taxi. All receipts for these expenses are required for reimbursement.
3. Receipts are required and must indicate date and location of purchase.

CIII. Submission :

1. In-State travel must be approved by Director, Dean and Vice-President
2. Out-of-State travel must be approved by Director, Dean, Vice-President, and President
3. Travel arrangements cannot be finalized and will be placed on hold until the travel authorization forms have been signed by all required parties.

4. If the college is paying \$0- for travel all forms must still be submitted and approved.

V. **Additional Required Documents**

- A. The following need to be turned in to Dean or Vice President of the department funding the travel no later than 60 business day prior to the trip.
 - i. **A list of full names and Banner ID numbers for all students traveling.**
 - ii. **A memo:**
 - a. to the Budget manager, VPSS or VPAS for in State Travel or
 - b. to the Budget Manager, Dean, VPSS or VPAS and President for Out of State Travel
 - iii. **Waiver of Liability (Exhibit A):** All students traveling must complete and sign the Waiver of Liability form. Students under the age of 18 must have form signed by a parent or legal guardian.
 - iv. **Emergency Contact Form (Exhibit B):** Each student must complete and sign an Emergency Contact Form. Students under the age of 18 must have form signed by a parent or legal guardian.
 - v. **Student Per Diem Acknowledgement Form (Exhibit F):** This form should be submitted to the Palo Alto College Bursar's office no later than 10 days prior to travel. This form is located on the Fiscal Affairs website under "forms" <http://share.alamo.edu/ffa/WebPages/AccountsPayable.aspx>).
 - vi. Per Diem for a whole day of travel is based on the Government Services Administration Meal & Incidental Expenses (M&IE) per diem for the Standard Continental Unites States (CONUS). No receipts are required.
 - vii. Per Diem for days traveling to and from destination is based on current rate (In State and Out of State). See Fiscal Affairs website for more information: <http://share.alamo.edu/ffa/SitePages/Travel%20Information.aspx>.
 - viii. If the conference provides meals, those will need to be deducted from the per diem rate. See Fiscal Affairs website for more information: <http://share.alamo.edu/ffa/SitePages/Travel%20Information.aspx>.
- B. A list of full names, Banner ID numbers, and emergency contact information of all students, faculty, and staff traveling will need to be sent to Campus Police prior to the trip.

VI. **Advances**

Students traveling can receive a full travel advance (i.e., per diem, lodging) and employees can receive 75% of the travel amount requested on authorization form. Upon the return, based on receipts, the remaining 25% of travel expensed will be refunded to the employee after completing and submitting the required forms. [C.2.9.1 Employee Travel Expense Reimbursement \(Procedure\)](#)

- A. Travel advances will be processed through the Bursar's Office and charged to the account listed on the approved travel authorization form. Travel advances will be given to the

employee and not the students traveling. Travel Advance checks will be available in the Bursar's office five working days prior to the departure date. Direct Deposit travel advances should be deposited three working days prior to departure date. It is the traveler's responsibility to personally pick up check. A travel advance check will not be sent to the traveler or traveler's department via interoffice mail delivery (pony).

- B. Travel Authorization Forms must be submitted to the campus Bursar's office at least 10 business days prior to departure.
- C. A **Travel Expense Statement** (Exhibit G) with all supporting documentation must be completed by the employee and approved within 10 business days of returning from the trip. Failure to submit the completed form with appropriate documentation within the required timelines to Accounts Payable will result in a payroll deduction up to the full amount of the travel advance. The Travel Expense Statement is also located on the Fiscal Affairs website under "forms"
<http://share.alamo.edu/ffa/WebPages/AccountsPayable.aspx>
- D. If the travel advance was in excess of actual needs (i.e., the difference between the reimbursable travel expenses and the travel advance), the travelers must return the excess amount to the campus Bursar within five business days from the return date. A copy of the Bursar's receipt must be attached with all supporting documentation when completing the Travel Expense Statement. Failure to return this amount to the Bursar's Office will result in a payroll deduction for the full amount owed to the Alamo Colleges.
- E. Faculty and staff club sponsors are subject to all the above requirements and timelines when clearing eligible student travel advances.
- F. Advances will be provided to the traveler by one of the following:
 - a. Cash (up to \$300); or
 - b. Direct Deposit; or
 - c. An Alamo Colleges check.

VII. Allowable Expenses

See [C.2.9.1 \(Procedure\) Employee Travel Expense](#)

Reimbursement VIII. Missing Receipts

If required receipts are lost, or are not available, the traveler must submit a completed **Missing Receipt Affidavit** (Exhibit H) with the expense statement package to Accounts Payable. Submission of the affidavit does not guarantee reimbursement.

IX. Reimbursement Approval

- A. After all departmental approvals have been received, all expense statement packages must be directly submitted to Accounts Payable, and should include, if applicable:
 - a. **Travel Expense Statement** and supporting documentation as applicable:
Travel Authorization Form
Original itemized receipts of payment
 - b. **Missing Receipt Affidavit**

All forms are available on the Alamo Colleges website at <http://www.accd.edu/district/fiscalaf/fiscalaffairs.html> - click "Forms"

- B. Reimbursement to or through third parties is not allowed.
- C. Submission of false requests for reimbursement will subject the entire reimbursement to permanent rejection and may result in disciplinary action, up to and including termination.
- D. If the traveler is entitled to be claim any portion of his or her expenses from sources other than the Alamo Colleges, the traveler must identify the items that are eligible for reimbursement from other sources and may not request reimbursement from the Alamo Colleges.
 - i. The responsibility for ensuring that reimbursement requests are not duplicated rests with the traveler and the approving authority.
- E. All travel reimbursement checks will be mailed to traveler's address in Banner, or directly deposited to traveler's bank account if traveler has previously signed up direct deposit. There will be no special handling of travel reimbursement checks.

X. **Non-Allowable Expenses**

This list is not intended to be all inclusive but to illustrate types of non-allowable expenses. Any exceptions will require the written approval of the college President, the Vice Chancellor, or the Chancellor.

- A. Reimbursement at rates over maximums allowed by this procedure.
- B. Personal phone calls.
- C. Gasoline, repairs, road service, towing and/or other charges related to a traveler's POV.
- D. Valet Parking
- E. Fees or other expenses related to traveler's checks.
- F. Passports or passport photos required for foreign travel.
- G. Alcoholic beverages.
- H. Entertainment, unless included in the official conference/meeting registration fee.
- I. Insurance on rental cars (e.g., collision, damage waiver, personal accident, safe trip, personal effects, etc.).
- J. Personal expense items (e.g., movies, spas, health clubs, etc.).
- K. Traffic violations (fines, tickets, etc.).
- L. **Normal travel route deviation:** If a traveler deviates from the normal route of travel between the point of origin and the destination for personal reasons, expenses will not be allowed for that portion of the trip.
- M. **Non-employee travel expenses:** If a non-employee accompanies a traveler on official Alamo Colleges travel, expenses incurred by or because of the non-employee shall not become an expense of the Alamo Colleges.

XI. **Exceptions**

Exceptions to this procedure must be submitted in writing to the Chancellor describing the circumstances and business purposes that justify the exception. Exceptions must always satisfy the requirement that the expense was actual, necessary and reasonable under the

circumstances, and that reimbursement will not violate Alamo Colleges policy or procedures.

- A. Itemized receipts for exceptions are required.
- B. Some exceptions when processed for payment may result in additions to the traveler's W-2 form as taxable income.

Issued: July 19, 2016

Date Approved: July 26, 2016

(Signed) Dr. Mike Flores

President

Exhibit A

WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

STATE OF TEXAS

§

KNOW ALL BY THESE PRESENTS:

COUNTY OF BEXAR

§

1. As a voluntary participant in the Alamo Community College District ("ACCD") PAC Gives Back Program ("Program") I, _____ [Print Name], voluntarily and knowingly sign this release and indemnity agreement. I hereby acknowledge and agree that my (or my child's) participation in the Program is voluntary. The Program participants depart San Antonio, Texas on March 7, 2015, and are scheduled to return to San Antonio, Texas on March 7, 2015

2. By signing this Release, I specifically release, waive, discharge, and agree to indemnify ACCD, its Board of Trustees, Officers, Employees, Representatives, Agents or others acting on behalf of ACCD, from any and all claims, demands, actions, judgments and executions, which I or others under my control may have, or now have or will have, or which I or others under my control may claim against ACCD, its Board Of Trustees, Officers, Employees, Representatives, Directors, Agents or others acting on behalf of ACCD resulting from, relating to, or arising out of any personal injury, accidents, illnesses, property damage or loss, crimes (including death) suffered or sustained by me, my child, or others under my control, including minor children, while participating in the Program, including but not limited to traveling to and from any event related to or a part of the Program, INCLUDING BUT NOT LIMITED TO CLAIMS, DEMANDS, ACTIONS, JUDGMENTS AND/OR EXECUTIONS CAUSED BY ANY ALLEGED ACTS OF NEGLIGENCE BY THE ALAMO COMMUNITY COLLEGE DISTRICT, ITS BOARD OF TRUSTEES, OFFICERS, EMPLOYEES, REPRESENTATIVES, DIRECTORS, AGENTS OR OTHERS ACTING ON BEHALF OF THE ALAMO COMMUNITY COLLEGE DISTRICT.

3. I further expressly agree that if any portion of the foregoing Waiver of Liability, Assumption of Risk and Indemnity Agreement is held invalid, it is agreed that the remaining portion(s) shall, notwithstanding, continue in full legal force and effect to the greater extent to carry out any event while I am participating in the Program described in Paragraph 1 above.

4. It is my express intent that this Waiver of Liability, Assumption of Risk and Indemnity Agreement shall bind the members of my family and spouse, if I am alive, and my family, estate, heirs, administrators, personal representatives, or assigns, if I am deceased. I agree to save and hold harmless, indemnify, and defend ACCD, its Board of Trustees, Officers, Employees, Representatives, Agents or others acting on behalf of ACCD, from any claim by me or my family and spouse, arising out of, resulting from, or relating in any way to my participation in the Program.

5. In signing this Release, I acknowledge and represent that I have become fully informed of the content of this Agreement by reading it before signing it, and by signing this document as the my own free act and deed confirm that no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I am 18 years of age or older and I am competent to contract in my own name. I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, and I fully understand the terms, and I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and that by signing, I agree to a complete and unconditional release of all liability to the greatest extent allowed by law.

Done in San Antonio, Bexar County, Texas this _____ day of _____, 20 _____.

Student/Participant: _____ If Student/Participant is under 18 years of age:
Parent/Guardian: _____

Signature _____ Signature _____

Print Name _____ Print Name _____

Student/Participant's Banner ID No.: _____

WITNESS:
Signature _____ Print Name _____

Rev. 3-3-10

I understand that it is my responsibility to make certain the medical information on this form is current and accurate. It is my responsibility to complete a new form should any of the information change. In the event of a medical emergency, I authorize Alamo Community College District (ACCD) its employees, and or agents (collectively "the College") to secure medical transportation or treatment on my (or my child's) behalf. I understand the College is not required to obtain medical transportation or care for me (or my child). I understand the College will attempt to contact a parent/guardian or one of the individuals that I have designated as an emergency contact. I hereby grant on my behalf (and/or on my child's behalf) the Campus Nurse(s) of the Alamo Community College District, the permission to provide treatment for emergency and/or minor medical injuries or illnesses which may arise while I am (or my child is) participating in the Program identified above. I acknowledge and understand that Congress passed a law entitled the Health Insurance Portability and Accountability Act ("HIPAA") that limits disclosure of protected medical information. This authorization is being signed because it is crucial that employees at the College and any responding emergency personnel be readily notified of any protected medical information contained in this form or contained in my (or my child's) records on file with the College. Therefore, in the event of a medical emergency, I authorize the College to release the information contained in this form to medical staff and other emergency personnel. This authorization shall terminate upon the earlier of the following two events: (1) written notice signed by me and delivered to the College; or (2) termination and/or completion of my (or my child's) participation in the Program identified above. I understand and agree that I am responsible for all expenses, fees, costs incurred as a result of the medical transportation or care secured for me (or my child) by the College. I understand and agree that the College is not liable for any injury or damages that may occur as a result of the medical treatment that I (or my child) may receive.

By signing this Agreement, I release, waive, discharge, and agree to indemnify and hold harmless the Alamo Community College District, its Board of Trustees, Officers, Employees, Representatives, Agents or others acting on behalf of the Alamo Community College District (hereinafter referred to as "Releasees") from any and all claims, demands, actions, judgments and executions, which I or others under my control may have, or now have or will have, or which I or others under my control may claim against the Releasees resulting in any personal injury, accidents, illnesses, property damage or loss, crimes (including death) suffered or sustained by me or others under my control, including minor children, while participating in the Program and while traveling to and from related events, or while on any Alamo Community College District campus and/or property, INCLUDING BUT NOT LIMITED TO CLAIMS, DEMANDS, ACTIONS, JUDGMENTS AND/OR EXECUTIONS CAUSED BY ANY ALLEGED ACTS OF NEGLIGENCE BY THE RELEASEES.

I further agree to indemnify the Releasees and others affiliated with this Program and hold them harmless from any liability, loss damage, cost, claim, judgment or settlement which may be brought or entered against them as a result of the Student/Participant's participation in said Program. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood and agreed that the undersigned shall have the opportunity to consent to any such settlement provided, however, that such consent shall not be unreasonably withheld.

I HAVE CAREFULLY READ THIS MEDICAL RELEASE/WAIVER AND I FULLY UNDERSTAND THE CONTENTS, MEANING AND IMPACT OF THIS WAIVER AND RELEASE. I HEREBY VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT.

Student/Participant:	If Student/Participant is under 18 years of age: Parent/Guardian:
_____	_____
Signature	Signature
_____	_____
Print Name	Print Name
Student/Participant's Social Security No. (last 4 digits):	____xxx-xx-_____

WITNESS:

Signature

Print Name

Exhibit C

**Alamo Colleges
Student Travel Authorization Form
Overnight Trip Only**

Advisor Name:	Campus:
Advisor's Banner ID (VIN):	Date:
Dept Name:	Phone:
Dept. Account:	Departure Date:
Destination:	Return Date:

Item 1:	Purpose for trip, destination, date, etc.
Description:	

Item 2:	Total Estimated Expenses	\$	-	Travel Advance: Yes _____ No _____
<u>Prepaid</u>	<u>Reimbursable</u>			
<u>(Paid by AC)</u>	<u>(Pd by Traveler)</u>			Cash (up to \$300) _____ (Check One)
Registration (71654)	-	or	-	Check _____
Airfare (73013 USA, 73002 INTL)	-	or	-	Dir Dep _____ (**)
Mileage (73011, 73012)	-		-	** For Direct Deposit, complete the A/P Direct Deposit form upon initial request. Direct Deposit will take apx. two weeks from the date submitted to become effective.
Lodging (73015 USA, 73004 INTL)	-	or	-	
Car Rental (73014 USA, 73003 INTL)	-	or	-	
Other (73017 USA, 73006 INTL)	-		-	For Accounts Payable and Bursar Office Purposes only:
Meals: (73016 USA, 73005 INTL)				Direct Pay Invoice Number: _____
Enter Per Diem <input type="checkbox"/>	\$ 46.00			Credit Memo Number: _____
Overnight:				Advance Amount: _____ Date: _____
*Departure Date	50% of Per Diem		23.00	
*# of Full Days			-	
*Return Date	50% of Per Diem		23.00	Direct Pay Charge Accounts
To Calculate Per Diem, Enter Number of Students if applicable				Bursar's Notes: Campus Fund/Account
Amount of Per Diem for Group	\$ -			DIST/CESC 119001-13431
Payment by 3rd party organization or grant	-			SAC 111001-13431
Subtotals	\$ -		\$ -	SPC/SWC 112001-13431
Available for Travel Advance: Student =100%		Enter %	100%	PAC 113001-13431
Maximum available for Travel Advance			-	NVC 114001-13431
				NEC 115001-13431
Be as accurate as possible. All requests for reimbursements > 10% of the original request will need an adjusted travel authorization.				Recipient Acknowledgement of Cash Advance:
*Nonovernight travel receives 25% of per diem. Overnight departure/return days receive 50% of per diem. See website right hand column.		GSA - Domestic Per Diem Rates		

Requester's Certification: I understand if I request a travel advance, a check, direct pay, or cash (up to \$300) will be generated in my name. A credit memo for the amount of the travel advance will be entered in the accounting system. I understand I must submit the approved Travel Expense Statement within 10 working days from the date I return from the trip. After the 10 days, any and all Accounts Payable payments processed will be applied to the credit memo until the amount of the travel advance is settled. I authorize the District to deduct all travel advances owed from my paycheck to settle any outstanding balance not repaid within 30 days of the date I return.

Signature : _____
Employee _____ Printed Name _____

Approved: _____

Date _____
Date _____

Budget Manager

Printed Name

Approved: _____
In-State travel requires Dean, Director, or Associate Vice Chancellor Signature Printed Name

Date _____

Approved: _____
Out-of-State travel requires President, Vice Chancellor, or Chancellor Signature Printed Name

Date _____

Approved: _____
Out of Country requires Chancellor Signature Printed Name

Date _____

Exhibit D

Student Event Approval Form Non-Overnight Events Only

Submit only one form for all participants.

Name of Event:	Date of Event:
Hours of Event:	Event Location:
Sponsoring Organization:	Primary Event Organizer :
Advisor to Sponsoring Organization:	Sponsor's Work Phone:
Advisor's Banner ID No. (VIN):	Alternate Phone Number:

Purpose of Event:	Include a description and timeline for the planned activity and the rationale for providing meal(s) to participants. Please attach a completed Student Per Diem Acknowledgement Form and if applicable, provide agenda.

<table border="1"> <tr> <td colspan="2">Total Estimated Expenses</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td>-</td> </tr> </table>			Total Estimated Expenses		\$			-	Travel Advance: Yes _____ No _____ Cash(up to \$300) (Check _____ One) Check _____ Dir Dep _____ (**) ** For Direct Deposit, complete the A/P Direct Deposit form upon initial request. Direct Deposit will take apx. two weeks from the date submitted to become effective.												
Total Estimated Expenses		\$																			
		-																			
Method of Reimbursement [REDACTED]																					
<table border="1"> <thead> <tr> <th>Meal Type</th> <th># of meals provided</th> <th>Amount</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td></td> <td>\$ 8.00</td> <td>\$.00</td> </tr> <tr> <td>Lunch</td> <td></td> <td>\$ 12.50</td> <td>\$.00</td> </tr> <tr> <td>Dinner</td> <td></td> <td>\$ 25.50</td> <td>\$.00</td> </tr> <tr> <td colspan="2">Amount of Meal Request</td> <td></td> <td>\$.00</td> </tr> </tbody> </table>	Meal Type	# of meals provided	Amount	Total	Breakfast		\$ 8.00	\$.00	Lunch		\$ 12.50	\$.00	Dinner		\$ 25.50	\$.00	Amount of Meal Request			\$.00	For Accounts Payable and Bursar Office Purposes only: Direct Pay Invoice Number: _____ Credit Memo Number: _____ Advance Amount: _____ Date: _____ Direct Pay Charge Accounts Bursar's Notes: _____ Campus Fund/Account DIST/CESC 119001-13431 SAC 111001-13431
Meal Type	# of meals provided	Amount	Total																		
Breakfast		\$ 8.00	\$.00																		
Lunch		\$ 12.50	\$.00																		
Dinner		\$ 25.50	\$.00																		
Amount of Meal Request			\$.00																		
Other Costs: <table border="1"> <tr><td> </td><td>\$.00</td></tr> <tr><td> </td><td>\$.00</td></tr> <tr><td> </td><td>\$.00</td></tr> <tr><td> </td><td>\$.00</td></tr> <tr><td>Total Other Costs</td><td>\$.00</td></tr> </table>				\$.00		\$.00		\$.00		\$.00	Total Other Costs	\$.00									
	\$.00																				
	\$.00																				
	\$.00																				
	\$.00																				
Total Other Costs	\$.00																				
Available for Travel Advance: All Participants= 100% \$0.00																					
Pre-Paid Costs <table border="1"> <tr> <td> </td> <td>\$.00</td> </tr> </table>				\$.00																	
	\$.00																				

	\$.00		SPC/SWC	112001-13431
	\$.00		PAC	113001-13431
	\$.00		NVC	114001-13431
Total Pre-Paid Costs:	\$.00		NEC	115001-13431

Requester's Certification: I understand if I request a travel advance, a check, direct pay, or cash (up to \$300) will be generated in my name. A credit memo for the amount of the travel advance will be entered in the accounting system. I understand I must submit the approved Travel Expense Statement within 10 working days from the date I return from the trip. After the 10 days, any and all Accounts Payable payments processed will be applied to the credit memo until the amount of the travel advance is settled. I authorize the District to deduct all travel advances owed from my paycheck to settle any outstanding balance not repaid within 30 days of the date I return. I have read the Official Functions Procedures and agree the proposed expenses are related to student sponsored activities and I will manage the event described in this form to comply with all guidelines.

Signature : _____ Date _____
Employee _____ Printed Name _____
Approved: _____ Date _____
Budget Manager _____ Printed Name _____
Approved: _____ Date _____
Dean, Campus President, Director, or Associate Vice Chancellor Signature _____ Printed Name _____

Exhibit E

**Alamo Colleges
Employee Travel Authorization Form**

Traveler Name:	Campus:
Traveler ID (VIN):	Date:
Dept Name:	Phone:
Dept. Account:	Departure Date:
Destination:	Return Date:

Item 1:	Purpose for trip, destination, date, etc.
Description:	

Item 2:	Total Estimated Expenses	\$	Travel Advance: Yes _____ No _____
		-	
	<u>Prepaid</u> (Paid by AC)	<u>Reimbursable</u> (Pd by Traveler)	Cash (up to \$300) _____ (Check One)
Registration (71654)	_____ or _____	_____	Check _____
Airfare (73013 USA, 73002 INTL)	_____ or _____	_____	Dir Dep _____ (**)
Mileage (73011, 73012)	_____ or _____	_____	** For Direct Deposit, complete the A/P Direct Deposit form upon initial request. Direct Deposit will take apx. two weeks from the date submitted to become effective.
Lodging (73015 USA, 73004 INTL)	_____ or _____	_____	
Meals: (73016 USA, 73005 INTL)	_____ or _____	_____	
Enter Per Diem/M&IE	<input style="width:150px;" type="text"/>		For Accounts Payable and Bursar Office Purposes only:
Nonovernight:	Trip must be > 2hrs of normal workday.		Direct Pay Invoice Number: _____
*# of Days Attending	25% of Per Diem	\$ -	Credit Memo Number: _____
Overnight:			Advance Amount: _____ Date: _____
*Departure Date	50% of Per Diem	\$ -	Direct Pay Charge Accounts
*# of Full Days		\$ -	Bursar's Notes: Campus Fund/Account
*Return Date	50% of Per Diem	\$ -	DIST/CESC 119001-13431
Car Rental (73014 USA, 73003 INTL)	_____ or _____	_____	SAC 111001-13431
Other (73017 USA, 73006 INTL)	_____ or _____	_____	SPC/SWC 112001-13431
Payment by 3rd party organization or grant	_____ or _____	_____	PAC 113001-13431
Subtotals	<input style="width:100px;" type="text"/> \$0.00	\$ -	NVC 114001-13431
Available for Travel Advance: Employee = 75%		Enter %	NEC 115001-13431
Maximum available for Travel Advance		\$ -	Receipt Acknowledgement of Cash Advance: _____
Be as accurate as possible. All requests for reimbursements > 10% of the original request will need an adjusted travel authorization.			
*Nonovernight travel receives 25% of per diem.		GSA - Domestic Per Diem Rates	
Overnight departure/return days receive 50% of per diem. See website in middle column.			

Requester's Certification: I understand if I request a travel advance, a check, direct pay, or cash (up to \$300) will be generated in my name. A credit memo for the amount of the travel advance will be entered in the accounting system. I understand I must submit the approved Travel Expense Statement within 10 working days from the date I return from the trip. After the 10 days, any and all Accounts Payable payments processed will be applied to the credit memo until the amount of the travel advance is settled. I authorize the District to deduct all travel advances owed from my paycheck to settle any outstanding balance not repaid within 30 days of the date I return.

Signature :			Date _____
Employee	Printed Name		
Approved:			Date _____
Budget Manager	Printed Name		
Approved:			Date _____

Exhibit F

In-State travel requires Dean, Director, or Associate Vice Chancellor Signature

Printed Name

Approved: _____

Date _____

Out-of-State travel requires President, Vice Chancellor, or Chancellor Signature

Printed Name

Approved: _____

Date _____

Out of Country requires Chancellor Signature

Printed Name

ALAMO COLLEGES STUDENT PER DIEM ACKNOWLEDGEMENT FORM

TRAVEL SPONSOR: _____ TITLE: _____

The following individuals are travelling as a group to _____ (destination) departing
on _____ (date) at _____ (time) and returning _____ (date) at
_____ (time.)

INSTRUCTIONS: Use this form as a roster to indicate individual traveling together with a sponsor, and as a receipt for meal allowances provided to each group member. In the space provided below, enter group member names and their relationship to Alamo Colleges. Ask group members to sign for receipt of amount provided. Recipient's signature, amount, and date certify that s/he received the stated amount for the purpose of purchasing meals. Attach additional copies of this form as needed.

NOTE: Meal expenses for each day cannot exceed the approved meal per diem rate. See "Official Functions" Procedures for non-overnight meals.

	TYPE OR PRINTED NAME	Role/Relationship (i.e. team player)	SIGNATURE	DATE SIGNED	TOTAL \$ RECEIVED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
TOTAL: \$					-

COMMENTS:

Exhibit G

**Alamo Colleges
Travel Expense Statement**

Traveler Name:		Traveler ID (VIN):		Campus:
Department:		Phone# or email		Initiator :
Did Traveler receive a travel advance for this trip?		Yes	No	Date:
Travel Advance Document #:				Current Document #:
Amount of Travel Advance:	\$ -	Amount Paid by 3rd Party Org. or Grant:		

Item 1:	Purpose for trip, destination , date, etc:
Description:	

Item 2:	Prepaid expenses paid directly by District
----------------	---

Date	Description	Banner Document #:	Amount
	Registration via Direct pay (71654)		
	Airfare via Travel Agency/Executive Card (73013 USA, 73002 INTL)		
	Lodging via purchase order/Executive Card (73015 USA, 73004 INTL)		
	Vehicle Rental via Purchase Order (73014 USA, 73003 INTL)		
Total for Item 2:			-

Item 3:	Reimbursable Expenses - Itemized by DAY (Attach all itemized receipts except per diem meals)
----------------	---

Date	Airfare (73013 USA 73002 INTL)	Lodging (73015 USA 73004 INTL)	Meals Actuals- Per diem (73016 USA 73005 INTL)	Transportation *(73011, 73012) (73014 RENTAL USA 73003 RENTAL INTL)	Other (73017 USA) (73006 INTL) Registration (71654)	Description	Amount
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
Less amount for meals provided at no additional cost			\$0.00				\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	Total for Item 3:	\$ -

*Note: 73011-Local Mileage, 73012-Out of town Travel,73014/73003-Rental-Taxi-Shuttle, 73017/73006-Not of the norm Items, 71654-Registration.

Item 4:		Summary of Reimbursement
Total Trip Expense:		NOTE: Enter Total of Item 3 For Direct Pay.
Prepaid Total Item 2:	-	Total of Item 3: -

Reimbursable Total Item 3: _____ -
\$
Grand Total: _____ -

Less Travel Advance and/or 3rd Party: _____ -
Due To (From) \$
Employee -

I hereby certify that the above is a true account of only the ordinary and necessary business expenses incurred by me for the period indicated. None of the expenses are eligible for reimbursement from any other sources, I have not previously requested nor will I again request reimbursement for these expenses.

Signed _____

Printed
Name _____

Approved _____
Printed Name _____

Date _____

Exhibit H

ALAMO COLLEGES

MISSING RECEIPT AFFIDAVIT

Instructions

Complete all information requested on this affidavit and attach affidavit to completed Travel Expense Statement Form. Incomplete forms will not be accepted.

Print or Type

Name of Traveler	Name of Vendor	City, State
Date of Receipt	Total Cost	Vendor's Telephone Number
Description of Travel Expense		

I certify that:

While on approved travel for official Alamo Colleges business I incurred the expense described above. I have

___ lost

___ did not receive

the receipt documenting payment. I contacted the vendor on _____ and was unable to obtain a copy of the receipt for this expense. This expense is not eligible for reimbursement from any source other than the Alamo Colleges. I have not previously requested nor will I again request reimbursement for this expense from Alamo Colleges or any other entity. I am submitting this affidavit in lieu of the missing receipt. I acknowledge that submission of this affidavit does not guarantee reimbursement.

Signature

Date

APPROVAL

Supervisor's Signature	Date
<input type="text"/>	<input type="text"/>
Supervisor's Name Printed	
<input type="text"/>	

Exhibit I



MEMORANDUM

To: Vice President of Student Success or Vice President of Academic Success

Through: Dean of Student Success/Academic Success

From: Director of Student Life

Date: #####

RE: Student Travel for

A list with students attending is attached.

|



ALAMO
COLLEGES

PALO ALTO COLLEGE

MEMORANDUM

To: Dr. Mike Flores, President

Through: Gilberto Becerra, Vice President of Student Success
Katherine Beaumont Doss, Interim Dean of Student Success

From: Carlos Cruz, Director of Student Life

Date:

RE: Student Travel for

A list with students attending is attached.

|