

# RIVERSIDE COMMUNITY COLLEGE DISTRICT

## Itemized Expense Account

NOTE: This form must be prepared within five days after return from conference. No carbon required.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Print or type

**TO: BUSINESS SERVICES**

I hereby request reimbursement for expenses incurred in connection with my attendance at the following conference/meeting: (attach all itemized receipts for reimbursement)

\_\_\_\_\_ Date: \_\_\_\_\_  
Conference Name/Location Date(s)

Budget Code \_\_\_\_\_ RT \_\_\_\_\_  
(Required) (Travel Request No.)

DATES									TOTAL
Breakfast									
Lunch									
Dinner									
Registration									
Hotel									
Official Tel. Calls									
Taxi Service									
Car Rentals									
Parking Fees									
Car Storage									
_____ mi. @ _____ Mileage									
Air Fare									
<b>TOTAL</b>									<b>\$ _____</b>

Less amount (if any) advanced on Warrant No. \_\_\_\_\_ \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

\*\*\*\*\*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Vice President/ Business Manager or Designee