# Employee Travel Procedures

### **Antelope Valley Community College District**

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September 10, 2013

# Employee Travel Procedures

### **Solution** Continuous Process Improvement

- Part of our continuous process improvement is to review existing travel procedures and find ways to:
  - Reduce paper
  - Reduce duplication of effort
  - reduce timelines
  - Find a way to encumber travel obligations



- © Complete a Trip Request and obtain Dean/Director, Program Coordinator (for categoricals only), and VP's signature.
- complete a Purchase Requisition for <u>EACH</u> item not to be reimbursed and obtain Dean/Director, Program Coordinator (for categoricals only), and VP's signature if over \$1,000. For example:
  - Requisition for Conference Fee
  - Requisition for Hotel
  - Requisition for Airfare
  - Requisition for Car Rental
  - o Etc.
- © Complete a Occupancy Tax Waiver form for Hotel's in CA
- © Complete a Travel Reimbursement Form after trip for reimbursable items and obtain Dean/Director, Program Coordinator (for categoricals only), and VP's signature on Trip Request



## New Employee Travel Procedures

### Effective October 1, 2013

- © Complete a Trip Request and obtain Dean/Director, Program Coordinator (for categoricals only), and VP's signature/approval
- Complete a Booking Information Form for applicable items<sup>1</sup>
- so Complete a Occupancy Tax Waiver form for Hotel's in CA

Submit the Trip Request Form, Booking Information Form, & Occupancy Tax Waiver Form to the Purchasing Department for Processing. Once received, your Trip Request and additional forms will be budget checked, the expenses will be encumbered, and the travel will be booked.

250 Complete a Travel Reimbursement Form after trip for reimbursable items<sup>2</sup>

<sup>&</sup>lt;sup>1</sup>The Booking Information form is replacing all the Purchase Requisitions that used to be required.

<sup>&</sup>lt;sup>2</sup>The Reimbursement form will <u>only</u> need to be signed by the Dean/Director and Program Coordinator if the total of all travel expenses is 10% or greater than the total amount listed on the Trip Request Form. The VP's signature/approval is <u>not</u> required for the Reimbursement Form.



# Trip Request & Occupancy Tax Waiver Form

		TRIP REQUE			
reservations. Attac booking lodging i	h a completed Boo in California. Pleas	in/Director, Program Coordinator (i king Information Form for applicable wisit the Travel website for more in on/busserv/travel.html. Purchas	e expenses and an Oc formation regarding	cupancy Tax Waiv travel processes a	ver form if you are and procedures,
Person T	aking Trip:			Date(s) of Tr	rip:
De	estination:			Departure Tin	ne:
	ose of Trip:			Return Tin	ne:
Trip Justification S	statement:				
Others T	aking Trip:				
Title of Class				# of Studen	its:
					_
Transportation:		Vehicle Assigned	Disabled Vehicle F	Requested: Y	□N
(check one)	Personal Vehicle	(initial below)			
	I certify that I have	a valid driver's license for use in the	J.S.A. for the dates list	ed above (for drive	er of vehicle).
(Initials)		valid automobile insurance for the ve			d ab au leas
(Initials)	personal vehicle).	valid automobile insurance for the ve	nicle that will be used	for the dates lister	a above (for
	Off Campus N	otica Only	□ No	o Cost to Distric	
Purchasing Needs to Boo	k	otice only		o cost to bistine	
(chit all that apply & fill o Booking Information For	uft mi	ESTIMATED EXPEN	SE OF TRIP		Subtotals
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V .c.20110	Airfare:	(Mile	) X 30.50 (i	late)	<b>\$</b> 0.00
	Car Rental:				
	Shuttle*:	\$ Taxi: \$	Parking: \$		\$ 0.00
	Lodging:	-	\$ (Rate)		\$ 0.00
	egistration Fee:	(Mighta)	(roste)		,
	Meals:	Breakfast: Lunch			\$ 0.00
	Other Expenses:	(Max \$10/day) (Max \$15/day	) (Max \$25/d	ley)	
_		airport. If they are unavailable, the dist	idwill TOTA	L EXPENSES	
		p to the cost of Super Shuttle.	101A	IL EXPENSES	\$ 0.00
Account Name:					
Account #:					
Signature of Pers	on Dogwooting Tr	in.		Date:	
Signature of Pers	on Requesting 11	Approvals		Date.	
	Dean/Directo			Date:	
Program Coordin				Date:	
	esident/Presider			Date:	
VICE PI	Date.				
Director	<b>Business Service</b>			Date:	



3041 West Avenue K . Lancaster, CA 93536-5426 . (661) 722-6310 . Fax (661) 722-6320

#### HOTEL/MOTEL TRANSIENT OCCUPANCY TAX WAIVER Exemption Claim for Government Agency

Employee Name	Job Title	
Other Traveler Name(s) If Applicable		
Hotel / Motel:	Address:	
TOTAL / MOTAL		
Check-In	Check-Out Date:	

This form serves to verify that I, the undersigned, am an officer or employee of the Antelope Valley Community College District (AVCCD), a political subdivision of the State of California. The charges for the occupancy at the above establishment on the dates set forth have been, or will be paid by such governmental agency, and such charges are incurred in the performance of my official duties as an official or employee of the district.

I hereby declare under penalty of perjury that the foregoing statements are true and correct.

Employee Clanature	Clamatura Data
	MINERAL
	/ <u></u>

### IMPORTANT INFORMATION FOR HOTEL/MOTEL REPRESENTATIVES

California Transit Occupancy Tax Extemption: California Revenue and Taxation Code §7280 allows political subdivisions such as Antelope Valley Community College District to elect exemption from the local occupancy tax for any employee or officer of the district while the officer/employee is on official business for the District.

Please retain this form for your files in order to substantiate your tax report.

Guest Confirmation #(s)



## **Booking Information Form**

#### ANTELOPE VALLEY COMMUNITY COLLEGE DISTRICT TRAVEL BOOKING INFORMATION FORM Please only fill in sections to be booked by purchasing, attach necessary documentation, and submit with Trip Request. Please visit the Travel website for more information regarding travel processes and procedures, http://www.avc.edu/administration/busserv/travel.html. Lodging Vendor Vendor Address: Website Conference Name/Discount Code: Rate Per Night: Additional Information: \*If rooms have already been reserved, but you would like expense billed to district card, note confirmation #(s) above and attach copy of confirmation(s) from hotel. Purchasing will change billing to district card & forward CC authorization form to hotel. Guest Name, Room 1 Guest Name, Room 2 Guest Name, Room 3 Guest Name, Room 4 Forms if needed Check-In Date: Check-Out Date: Special Room Requests Conference/Workshop/Course Registration Fee Registration information, choose one: I have already registered for the event, please send payment as specified below. Please register the following travelers(registration information attached) and send payment as specified below: Payment information, choose One: Please pay with credit card via this website: Please send copy of attached registration with check to the following: Address: Other Car Rental Vendor: Drop Off Address: Pick Up Information: Date Time Return Information: Date Time 1 Revised 7/31/2013

#### ANTELOPE VALLEY COMMUNITY COLLEGE DISTRICT TRAVEL BOOKING INFORMATION FORM Please only fill in sections to be booked by purchasing, attach necessary documentation, and submit with Trip Request. Please visit the Travel website for more information regarding travel processes and procedures, http://www.avc.edu/administration/busserv/travel.html. Flight Departure Airport: Arrival Airport: Departure Information: Flight # Date Time Return Information: Flight # Date Time Passenger Information: Name (as printed on ID/DL) DOB Gender SELECT SELECT -SELECT SELECT -SELECT SELECT -SELECT SELECT -SELECT SELECT -SELECT SELECT -SELECT SELECT -Other Use back of form for additional details Details: Revised 7/31/2013 2

Employee Name:							Dates of Travel:					
Name of Event							Location of Event:					
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Date	Transportation	Lodging	Registration	Breakfast (\$10)	Lunch (\$15)	Dinner (\$25)	Miles :	x Rate =	Total	Other	Description of "Other" Expenses	Totals
								0.560	0.00			0.
								0.560	0.00			0.0
						ý	3	0.560	0.00		1	0.0
		977	-	( )		100	6 3	0.560	0.00			0.0
		17.6		17.0				0.560	0.00			0.0
								0.560	0.00			0.0
		100						0.560	0.00		1705 0000	0.0
Totals:	0.00	0.00	0.00	0.00	0.00	0.00	$\sim$	$\sim$	0.00		TOTAL EXPENSES:	0.0
TOILE S.	0.00	0.00	0.00	0.00	0.00	0.00	$\overline{}$		0.00		Pre-paid by the District:	
dditional Com	ments:									Ī	Chil	0.0
										- 1	Prev. Reimbursed to Employee:	0.0
										ŀ	Total Due to AVCCD:	
										1	Total Due Employee:	0.0
claiming milea	no complete t	his saetion als	0.									
				se in the U.S.A	. for the dat	tes listed ab	ove and ti	hat I have I	broken no	motor veh	licle laws during those times.	
(Initials)												
(Initials)	certify that I ha	ave valld autor	nobile insurance	for the vehicle	used the fo	r the dates I	isted abov	ve. (Any ve	hicle drive	en: Include	s District and Personal)	
(muse)												
	we are actual and	necessary expens	ses.									
certify that the abo										Date:		
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ignature:	Oand original the	unh the officer ou	flined for approval.)	·								



Questions?