

# FOLSOM LAKE COLLEGE

100 SCHOLAR WAY • FOLSOM, CA 95630  
TELEPHONE (916) 608-6549

CHECK NO. **FL-00798**

VENDOR NO. **0000003279**

DATE **March 20, 2013**

LOCATION **09**

*3/20/13 to AOPS  
# 50. - Pd.  
94-669947  
3/28/13*

TO **CCLC/CCAA Convention  
2017 "O" Street  
Sacramento, CA 95811**

REQUISITIONED BY  
**Travel Auth #73672 - D. Newham**

GENFD	5200	11	FL.VI.OPFC	60100	00000	2013	041A	\$50.00
BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORGI)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORGI)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EST TOTAL AMOUNT
		CCAA "Honoring Our Own" Luncheon fee for David Newham on Thursday, March 25, 2013		\$50.00
		RECEIVED BY: _____		
		DATE: _____		

<b>FOLSOM LAKE COLLEGE</b> REVOLVING FUND ACCOUNT 100 Scholar Way • Folsom, CA 95630  Folsom Lake College will pay to the order of:  *****CCLC/CCAA Convention*****  fifty and no/100  DOLLARS	<b>BANK OF AMERICA</b> GOVERNMENT BANKING  DATE <b>March 20, 2013</b>  \$ <b>50.00</b> (NOT TO EXCEED \$250.00) THIS CHECK VOID 60 DAYS FROM DATE DRAWN	CHECK No. <b>FL-00798</b>  11-35 1210
<b>COPY NOT NEGOTIABLE</b>		
ADMINISTRATIVE SERVICES		

**LOS RIOS COMMUNITY COLLEGE DISTRICT**  
**TRAVEL AUTHORIZATION AND REIMBURSEMENT CLAIM**  
 (Note: Read instructions on back of set before completing)

Please check box where payment is to be sent:  
 ARC  FLC  EWC  
 CRC  D.O.  
 SCC  FM

T- 73672  
 California Community College  
 Athletic Association  
 Name of Organization

Employee Name David Newnham ID# 0930962 Conference Sponsor San Mateo, CA  
 Conference/Activity CCCAA "Honoring Our Own" Luncheon Destination San Mateo, CA  
 Budget No. 1: GENFD / 5200 / 11 / FL.VI.OFFC / 60100 / 2013 / 041A  
 BusUnit Acct Fund Org Pgm Code SubClass Proj/Grant  
 Budget No. 2: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 BusUnit Acct Fund Org Pgm Code SubClass Proj/Grant

**PART I - Request to Attend**

Inclusive dates of travel:  
 From 3/28/13 / \_\_\_\_\_ / \_\_\_\_\_ to 3/28/13 / \_\_\_\_\_ / \_\_\_\_\_  
 Date Time Date Time

Estimated Expenses: \*Indicates Receipt Required for Reimbursement  
 A. Transportation (Estimate cost of air fare) \$ 146.90  
 Air\*  Dist. Vehicle  Priv. Vehicle 260 miles x .565 c/mile  
 Travel Agency (Air fare) \_\_\_\_\_

The undersigned certifies that the vehicle he/she uses for Los Rios Community College District business carries the legal minimum insurance required by law.

B. Lodging\* Name of Hotel/Motel \_\_\_\_\_ \$ \_\_\_\_\_  
 days @ \$ \_\_\_\_\_ day

C. Registration/Conference Fee\* (check one) \$ 50.00  
 incl. certain meal(s)  excl. meal(s)

D. Meals Breakfast \_\_\_\_\_ x \_\_\_\_\_ days Lunch \$ \_\_\_\_\_ x \_\_\_\_\_ # of days Dinner \$ \_\_\_\_\_ x \_\_\_\_\_ # of days  
 \$ 50.00

E. Other (Describe) \_\_\_\_\_ \$ \_\_\_\_\_  
 F. Incidental Expenses \_\_\_\_\_ \$ \_\_\_\_\_

Total Estimated Expenses \$ 196.90  
 Maximum Allowance, if applicable \$ \_\_\_\_\_

BUSINESS SERVICES  
 2013 MARCH 4 & 5

**Travel charged to Categorical Programs, Grants or Special Projects:**  
 This travel is in compliance with the requirements of:

Program Name \_\_\_\_\_ Program Director/Coordinator Signature \_\_\_\_\_  
 For grants/special projects: \_\_\_\_\_ Project/Grant Number \_\_\_\_\_  
 Program Goal/Objective Number/Explanation \_\_\_\_\_

Approval \_\_\_\_\_ Employee \_\_\_\_\_ Date 3/11/13  
 Area Dean/Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 Approval \_\_\_\_\_ Vice President, Administration \_\_\_\_\_ Date 3/19/13  
 Approval \_\_\_\_\_ President/Designee/Chancellor \_\_\_\_\_ Date 3/13/13

**PART II - Request for Cash Advance/Prepaid Expense**  
 (To be completed by Requestor)

A. Employee Cash Advance GENFD / 9161 / 11 \$ \_\_\_\_\_  
 BusUnit Acct Fund

B. Registration (Payee) CCCAA \$ 50.00  
 Registration Due Date \_\_\_\_\_ Vendor I.D. \_\_\_\_\_

Budget No. 1: \$ \_\_\_\_\_ Amount Budget No. 2: \$ \_\_\_\_\_ Amount  
 Approval \_\_\_\_\_ Vice President, Administration \_\_\_\_\_

**PART III - Request for Reimbursement**

To be completed no later than 3 days after return from authorized travel.  
 \* Indicates original receipts required - enter all claimable costs incurred, including prepaid amounts.

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date Time Date Time

A. Transportation  
 Air fare\*  Bus\*  Other\* \$ \_\_\_\_\_  
 Prepaid to travel agency by district \$ \_\_\_\_\_  
 Private Vehicle \_\_\_\_\_ miles x \_\_\_\_\_ c/mile \$ \_\_\_\_\_

B. Lodging\* (Single occupancy rate only/exclude phone calls & other costs) \$ \_\_\_\_\_

C. Registration Fee (check one) \$ \_\_\_\_\_  
 (Enter full cost even if prepaid)  
 Prepaid by DO/College  No Prepayment  
 (No receipt required if prepaid)

D. Meals (Enter actual expenses not to exceed meal allowance stated per Regulation 8341.)

Date	Breakfast	Lunch	Dinner	Total

E. Other Expenses\* Total Meals \$ \_\_\_\_\_  
 (Admin. approval required for vehicle rental) \$ \_\_\_\_\_

F. Incidental Expenses - not to exceed \$10/day \$ \_\_\_\_\_  
 (Bridge tolls, etc., and other miscellaneous business expenses)

G. Total Expenses (A - F) \$ \_\_\_\_\_

**Total Expenses (lesser of Max. Allowance or Total Expenses)** \$ \_\_\_\_\_  
**Less Amount(s) Prepaid** \$ \_\_\_\_\_  
**Subtotal** \$ \_\_\_\_\_  
**Less Cash Advance (Part II)** \$ \_\_\_\_\_  
**Total Requested for Reimbursement** \$ \_\_\_\_\_

**Certification/Approval**  
 I certify that the above claim is an accurate accounting of expenses incurred which does not exceed the allowances provided per Regulation 8341, and complies with District insurance requirements.

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Approved \_\_\_\_\_ Area Dean/Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 Approved \_\_\_\_\_ Vice President, Administration \_\_\_\_\_ Date \_\_\_\_\_

**PART IV Vendor I.D.**

Enter allocation of Subtotal (PART III.G.) above  
 Budget No. 1: \$ \_\_\_\_\_ Amount Budget No. 2: \$ \_\_\_\_\_ Amount  
 D.O. Use: GENFD / 9161 / 11 \$ \_\_\_\_\_  
 BusUnit Acct Fund Amount

Replacement for registration for Rachel Rasmussen



California Community College Athletic Association

16<sup>th</sup> Annual CCCAA Convention  
 March 26 – March 29, 2013 ❖ Marriott – San Mateo, CA

Name Dr. David Newnham  
 Title Vice President of Instruction College/Affiliation Folsom Lake College  
 Telephone (916) 608-6899 Email newnhad@flc.losrios.edu

Payment of registration is required to attend any convention sessions and ticketed events. All early registrations must be postmarked by **March 1**. A special *Guest* rate is available to persons attending the Convention in support of an award recipient at any of the ticketed meal or social functions. CCCAA staff reserves the right to qualify requests for the *Guest* rate. Please indicate attendance and your meal preferences in the section below.

Member Rate	Full Registration	Daily Registration				Amount Enclosed
		Tuesday	Wednesday	Thursday	Friday	
by March 1	\$350	<i>OR</i>	\$140	\$160	\$150	\$0
after March 1	\$400		\$160	\$170	\$160	\$0

*price also includes Tue social & meals listed below*      *price includes meetings, meals (see selections below), and social for day(s) selected above*

**CCCAA Sponsor/Vendor - Complimentary** \_\_\_\_\_ Amount Enclosed \_\_\_\_\_  
**Non-Sponsor/Vendor Rate** \_\_\_\_\_ \$500 (by March 1)      \$750 (after March 1) \_\_\_\_\_

Please Select Your Meal	Total Quantity including Guests	Guest Rate	
		by Mar 1	after Mar 1
<u>Diamond Social</u> (Tue 3/26)	_____	\$30	\$35
Scholar Athletes Luncheon (Wed 3/27)	_____	\$45	\$50
Hall of Fame Dinner (Wed 3/27)	_____	\$55	\$60
Honoring Our Own Luncheon (Thu 3/28)	1	\$45	\$50

Please make Check or Money Order payable to: **Total Amount Enclosed \$ 50.00**

CCLC/CCCAA Convention  
 2017 "O" Street, Sacramento, CA 95811  
 (916) 444-1600 fax (916) 444-2616

*Cancellation/Refund Policy: Registrations cancelled in writing by March 11, 2013, will be subject to a \$50 cancellation fee. No refunds will be granted after 5:00PM on March 11, 2013. Meal cost will be charged for those who did not show up and did not call to cancel beforehand.*