

**GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT
TRAVEL EXPENSE CLAIM**

- GCCCD Office
- Cuyamaca College
- Grossmont College

Claimant (Print Name):	
PEID:	Division/Department:

The following expenses were incurred for attending the following authorized activity:

Name of Activity:	
From (date):	To (date):
City:	State: CA

Date	Breakfast	Lunch	Dinner	Transportation	Lodging	OTHER EXPENSES		Daily Total
						Description	Amount	

MAXIMUM AMOUNT AUTHORIZED: \$	TOTAL OF CLAIM: \$
Claimant's Signature:	Date:

Request for Attendance at Off-Campus Activity form on file at site Business Office Yes No

Approved:	Title:	Date:
Budget #:	Site Business Officer Approval:	