

Submit travel Reimbursement via email to:
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661-362-3627

IEPI Grant Manager: Daylene Meuschke, VP Institutional
Research, Planning & Inst. Effectiveness
Santa Clarita Community College District
Institutional Effectiveness Partnership Initiative (IEPI)
26455 Rockwell Canyon Road
Santa Clarita, CA 91355

**INSTITUTIONAL EFFECTIVENESS AND TECHNICAL ASSISTANCE GRANT
PARTICIPANT EXPENSE REIMBURSEMENT REQUEST**

Participant's Name: _____ Phone Number: _____
Community College District: _____
Name of Assignment/Meeting: _____
Travel
Travel Date(s): _____ Destination: _____

ITEMIZED EXPENSES (* These expenses must be documented by attaching original receipts)

* Airfare (Economy/Business Class): _____
(Amount) _____

Mileage: _____ X \$ 0.700 = \$ _____
(Attach "Google Map") Confirming (IRS authorized
Mileage mileage rate)

* Lodging (Reasonable and Customary): _____
(May Include Internet for Grant Activities)
(Amount) _____ \$ _____

Meals: _____ \$ _____
Per Diem (Date) (Breakfast) (Lunch) (Dinner) (Total)
Allocations: _____ \$ _____
Breakfast - \$10 (Date) (Breakfast) (Lunch) (Dinner) (Total)
Lunch - \$15 _____ \$ _____
Dinner - \$30 (Date) (Breakfast) (Lunch) (Dinner) (Total)
_____ \$ _____
(Date) (Breakfast) (Lunch) (Dinner) (Total)

* Other: _____ + _____ \$ _____
Rental Car Taxi/Bus Parking Fuel
(Economy or Mid-Size)

I certify that the above expenditures were incurred by me for work on the Institutional Effectiveness and Technical Assistance Grant and hereby request a total reimbursement of:

\$ _____

(Signature of Participant)

(Date)

For SCCCD Internal Use Only

(Signature of Institutional Effectiveness and
Technical Assistance Grant Manager)

(Date)

(Budget Account #)

\$ _____
(Amount)

(REQ or PO #)