



COLLEGE
of the DESERT

Travel Approval Transmittal eForm: Submission & Approval Process

User's Guide

Abstract

This guide describes the process for submitting and processing new Travel Approval requests.

Contents

Introduction	2
Purpose	2
Board Policy and Administrative Procedures	2
Contact	2
Process Overview.....	3
Submittal Process Details.....	4
Submittal Reimbursement Details	10

Introduction

The Desert Community College District (District) shall provide for the payment of the actual, necessary and approved traveling expenses of any employee of the District that is incurred in the course of performing services for the District, whether within or outside the District. Advance of funds to cover such traveling expenses are permitted. Such advance shall be adjusted upon filing of a regular claim for the actual and necessary expenses incurred. The District may direct any employee of the District to attend any convention, conference, event or meeting of interest to the District.

Purpose

A Travel Approval eForm must be approved by the departments designated Dean or Director and Vice President prior to requested activity. All travel outside the District must be prior approved, regardless of claiming District reimbursement costs or not, and must have the signature of the employee, immediate report to Dean/Director and appropriate Vice President or Superintendent. All travel outside the state requires 45 days approval prior to the Board meeting and must have Board approval

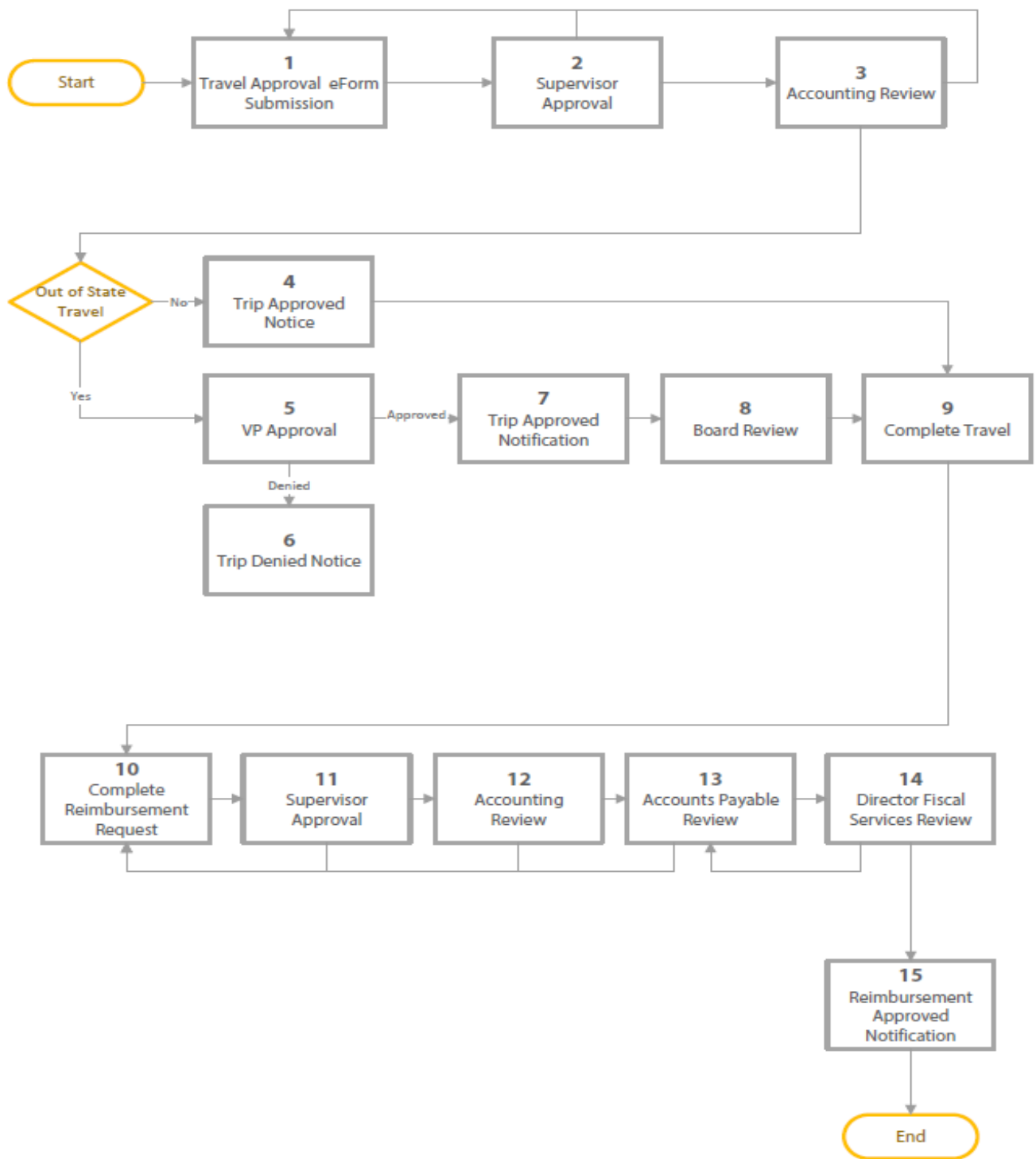
Board Policy and Administrative Procedures

- ❖ [Board Policy 7400 Travel](#)
- ❖ [Administrative Procedures 7400 Travel](#)

Contact

For assistance, please contact the Director, Fiscal Services at extension 1375.

Process Overview



Submittal Process Details

Initial Submission

The submitter completes the [Travel Approval eForm](#) and submits it for approval.

Submission Steps:

Open the [Travel Approval eForm](#) and proceed to fill out the form. All fields with the red asterisk (*) are required fields. Below are the form field definitions:

Traveler's Information Fields	
First Name *Required Field 1	Enter first name of the traveler
Last Name *Required Field 2	Enter last name of the traveler
Middle Name 3	Enter middle name of the traveler
Employee Title *Required Field 4	Enter the traveler's position title
COD Email *Required Field 5	Enter the traveler's College of the Desert (COD) email address
Department *Required Field 6	Enter the department name of where the traveler works at
Travel Details Fields	
Activity *Required Field 7	Enter the name of the Activity the traveler will be attending. <u>DO NOT USE ACRONYMS, SPELL OUT THE NAME</u>
Travel Destination *Required Field 8	Enter the following information: Street Address City State/Province/Region: Use capital letters Postal/Zip Code Country
Purpose of the Trip *Required Field 9	Enter the purpose of the trip (Must align with Institutional Goals and provide measurable outcomes). DO NOT USE ACRONYMS, SPELL OUT THE NAME
Are students also traveling? *Required Field 10	Enter Yes or No answer

<p>Narrative for Board of Trustees for Out-of-State or Country Travel *Required Field 11</p> <p>This field will appear if the traveler is traveling out of the State of California or out of the United States. Do not use acronyms.</p>	<p>Enter the Narrative to be included on the List of Out-of-State or Country for the Board Agenda to be approved by the Board of Trustees at their regular Board meeting. Once the Travel Form has been approved by Vice President, a notice is sent to the Executive Administrative Assistant in Administrative Services to include on the List of Out-of-State or Country travel.</p>
<p>Event Start Date *Required Field 12</p>	<p>Enter the date the event starts</p>
<p>Event End Date *Required Field 12</p>	<p>Enter the date the event ends</p>
<p>Departure Date *Required Field 13</p>	<p>Enter the date the traveler will depart for the event</p>
<p>Departure Time *Required Field 13</p>	<p>Enter the time the traveler will depart for the event</p>
<p>Return Date *Required Field 14</p>	<p>Enter the date the traveler will return from the event</p>
<p>Return Time *Required Field 14</p>	<p>Enter the time the traveler will return from the event</p>
<p>Total Days 15</p>	<p>This field will automatically populate the total number of days for the event</p>
<p>Overnight 15</p>	<p>This field will automatically populate the total number of days staying overnight</p>
<p>Are you using a District vehicle? *Required Field 16</p>	<p>Enter Yes or No answer. Attached to the travel eForm is the District Vehicle Procedures: Microsoft Word - AP 6530 District Vehicles (collegeofthedesert.edu)</p>
<p>Travel Cost Estimate Fields</p>	
<p>For necessary air travel and lodging, reservations should be made with prior approval.</p>	
<p>Transportation (Car Rental/Airline/Charter) *Required Field 17</p>	<p>Enter the estimated amounts for transportation with the lowest price possible.</p>
<p>Lodging (Hotel) 18</p>	<p>Enter the estimated cost with:</p> <p>The amount per day for Daily Lodging Rates (excluded taxes), shall be set forth under the U.S. General Services</p>

Narrative for Board of Trustees Approval
**

11

Do not use acronyms.

12

Event Start Date* Event End Date* Copy to Travel Dates

Departure Date* Departure Time* AM 13

Return Date* Return Time* AM 14

Total Days Overnight 15

Are you using a district vehicle?* District Vehicle Procedures 16

Travel Cost Estimate

Transportation \$ 17
Car Rental/Airline/Charter

Lodging \$ 18
Hotel

Miles x Rate 0.560 = Mileage \$ 0.00

Registration Fee \$

Meals - Current Per Diem Rates

Date	Breakfast	Lunch	Dinner	Incidentals	Total
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ 0.00

[Add Another Day](#)

Meals Total \$ 0.00

Misc Expense Amount

[Add](#)

Total Travel Amount \$ 0.00

Funding

Budget Line Name*	Budget Line Code*	Amount*
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Format Example: 11-119-0000-0-6730-0000-5220

[Add another budget line](#)

Total Funding Amount \$ 0.00

Attachments

- Conference Overview
- Map (if driving)
- Hotel Information
- Registration Information
- Meal Allowance Web Page Printout
- Transportation-Other Costs
- Budget Line Authorization

Traveler's Comments

Prepared By* Sign

Date 5/2/2024

	<p>Administration Guidelines (https://www.gsa.gov)</p> <p>Hotel/Motel Transient Occupancy Tax Waiver Exemption Claim for Government Agencies Form. This form is used to claim an exemption from the hotel/motel transient occupancy tax for government agencies. The employee must certify that they are a representative or employee of the Desert Community College District and that the charges for occupancy at the establishment on the dates set forth have been or will be paid for by such governmental agency. The employee must present the completed form to the hotel/motel at the time of registration or reservation. The hotel/motel will retain this form for their files in order to substantiate their tax report. This form is located on the College of the Desert Website: (Travel.collegeofthedesert.edu)</p>
<p>Miles 19</p>	<p>If driving personal car, enter the total miles.</p> <p>Mileage reimbursement will be calculated based on the distance to and from the trip and reimbursed at the current IRS rate (access IRS rate at College of the Desert's Website: Travel.collegeofthedesert.edu). Mileage will be based on the shortest distance between the District worksite to the destination or your home to the destination. Reimbursement between campuses is acceptable with prior approval. Mileage is non reimbursable if using a rental</p>

The screenshot shows the 'COLLEGE of the DESERT Travel Approval' form. It is a multi-section form for submitting travel requests. Key sections include:

- Personal Information:** Fields for First Name, Last Name, Middle Name, Employee Title, CDD Email, and Department.
- Travel Details:** Fields for Activity, Travel Destination (Street Address, Address Line 2, City, State, Postal/Zip Code, Country), Purpose, and dates/times for the trip.
- Travel Cost Estimate:** A summary of costs including Transportation, Lodging (highlighted with a green '18'), Miles (highlighted with a green '19'), Registration Fee, and Meals. It also shows a 'Total Travel Amount' of \$ 0.00.
- Funding:** Fields for Budget Line Name, Budget Line Code, and Amount.
- Attachments:** A list of documents to be uploaded, such as Conference Overview, Map (if driving), Hotel Information, Registration Information, Meal Allowance Web Page Printout, Transportation-Other Costs, and Budget Line Authorization.
- Final Steps:** A 'Traveler's Comments' field, a 'Prepared By' field with a 'Sign' button, and a 'Date' field (showing 5/2/2024) with a 'Save as Draft' button.

		car.
Registration Fee 20		Enter the registration fee. If there is not a registration fee, enter \$0.00.
Meals 21		As of April 22, 2024 , the appropriate meals expense shall be reimbursed using the current IRS rates for the high-low per diem method (access rates and cities at College of the Desert's Website: Travel (collegeofthedesert.edu)). Meal receipts are not required for reimbursement. When the cost of meals is included in a registration fee, separate reimbursement for the covered meals is not allowed. Meals will not be reimbursed if conference provides a meal. No per diem unless staying overnight.
Miscellaneous Expenses 22		Enter parking, rideshare (taxi/shuttle/Uber/Lyft, etc.) or internet access expenses. These expenses require receipts for reimbursement.
Total Travel Amount 23		This field will automatically populate
Funding Fields		
Budget Line Name *Required Field 24		Enter the department name that is funding this travel
Budget Line Code *Required Field 25		Enter the department budget code(s); for example: 11-H10-0000-0-6730-0000-5220. Additional budget codes may be added.
Amount *Required Field 26		Enter the total amount of the travel for each budget line code.
Total Funding Amount 27		This field will automatically populate. This field must match the "Total Travel Amount field" listed under the "Travel Cost Estimate" section. If the amounts do not match, submitter will not be able to

	submit the form.
Attachments – Upload Travel Information	
Conference Overview 28	Submitter must attach pertinent information for the requested travel, i.e., conference overview (agenda/flyer).
Map (if driving) 29	If driving, attach a map that shows the total mileage; for example, MapQuest, a website that provides maps and directions.
Hotel Information 30	Attach the estimated cost of lodging from a hotel receipt received after reservations are completed.
Registration Information 31	Attach the registration information from the event.
Meal Allowance Web Page Printout **See page 9 32	Meals and Incidental expenses will be reimbursed at the current posted IRS per diem rates for participant's destination (access rates at College of the Desert's Website: Travel (collegeofthedesert.edu)) Localities Eligible for the High Per Diem Rate and IRS Reimbursement Rates for Mileage and Meals Per Diem
Transportation-Other Costs 33	Attach the transportation expense information from an airline, car rental, etc.
Traveler's Comments 34	Comments shall include any additional information for the travel.
Prepared by *Required Field 35	Form to be electronically signed by the submitter
Date 36	Once the form is signed, this field will automatically populate the date.

COLLEGE of the DESERT Travel Approval

DESERT COMMUNITY COLLEGE DISTRICT
Individual Travel Approval/Claim and District Vehicle Request

First Name*
Last Name*
Middle Name
Employee Title*
COO Email*
Department*

Travel Details

Activity (Do not use acronyms)*

Travel Destination* Street Address
Address Line 2
City State / Province / Region
Postal / Zip Code County USA

Purpose (must align with Institutional Goals and provide measurable outcomes)*

Are students also traveling*

Event Start Date* Event End Date* Copy to Travel Dates
Departure Date* Departure Time* All▼
Return Date* Return Time* All▼
Total Days Overnight

Are you using a district vehicle* District Vehicle Procedures

Travel Cost Estimate

Transportation \$
Car Rental/Mileage/Cluster
Lodging \$
Miles x Rate 0.560 = Mileage \$ 0.00
Registration Fee \$

Meals - Current Per Diem Rates

Date	Breakfast	Lunch	Dinner	Incidentals	Total
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ 0.00

Add Another Day

Misc Expense Amount \$
Add

Total Travel Amount \$ 0.00

Funding

Budget Line Name* Budget Line Code* Amount* \$
Formal Example: 11-415-0000-0-6750-0000-0220

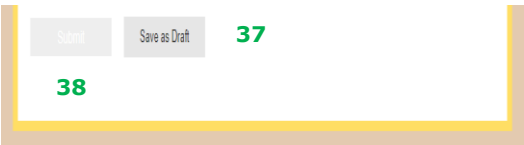
Add another budget line

Total Funding Amount \$ 0.00

Attachments

- Conference Overview 28
- Map (if driving) 29
- Hotel Information 30
- Registration Information 31
- Meal Allowance Web Page Printout 32
- Transportation-Other Costs 33
- Budget Line Authorization
- Traveler's Comments 34
- Prepared By* Sign 35
- Date 5/2/2024

Save as Draft 37	This field allows you to save the travel form as a draft before submitting it.
Submit 38	After filling out the form, review it, and if all the information looks correct, click on the Submit field.



****To determine the Per Diem Low or High Rate for Travel:** From the Localities are eligible for the high per diem rate sheet (located on the COD Website/Fiscal Services/Travel), look at the column labeled "key city", if the city is not listed, the per diem is the low rate, and if the city is listed and there is a checkmark in the month you are traveling, then the per diem is the high rate. The rates for breakfast, lunch, dinner and incidental expense are listed on the COD Website/Fiscal Services/Travel "IRS reimbursement Rates for Mileage and Meals Per Diem".

Submittal Reimbursement Details

After the travel has been completed, access the traveler’s travel form and submit receipts for reimbursement. If the traveler does not require any reimbursements, access the traveler’s form and indicate in the fields \$0.00 for no reimbursements in order to finalize the form.

All travel forms are to be submitted for reimbursement within 30 days after the last day of travel or July 15th, whichever comes first.

Travel Reimbursement Cost Fields	
PLEASE NOTE: Submit only out-of-pocket expenses that are to be reimbursed. Do not include expenses that were pre-paid by the District.	
Transportation Reimbursement	Enter the total amount to be reimbursed for transportation
Miles	Enter the total number of miles to be reimbursed for mileage. = Mileage Actual Reimbursement will automatically populate.
Lodging Reimbursement	Enter the total amount to be reimbursed for lodging
Registration Fee Reimbursement	Enter the registration fee to be reimbursed
Meals Reimbursement	As of April 22, 2024, meals and incidental expenses will be reimbursed at current posted IRS per diem rates for participant’s destination (access rates at College of the Desert’s Website: Travel.collegeofthedesert.edu). Meal receipts are not required for reimbursement. When the cost of meals is included in a registration fee, separate reimbursement for the covered meals is not allowed. Meals will not be reimbursed if conference provides a meal. No per diem

Transportation Reimbursement \$
Car Rental/Airline/Charter

Miles - Actual = Mileage Actual Reimbursement \$ 0.00

Lodging Reimbursement \$
Hotel

Registration Fee Reimbursement \$

Meals Reimbursement

Date	Breakfast	Lunch	Dinner	Incidentals	Total
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/> 0.00
Add Another Day					
Meals Reimbursement Total					\$ <input type="text"/> 0.00

To determine the Per Diem Low or High Rate: From the Localities are eligible for the high per diem rate sheet (located on the COD Website/Fiscal Services/Travel), look at the column labeled “key city”, if the city is not listed, the per diem is the low rate, and if the city is listed and there is a checkmark in the month you are traveling, then the per diem is the high rate. The rates for breakfast, lunch, dinner and incidental expense are listed on the COD Website/Fiscal Services/Travel “IRS reimbursement Rates for Mileage and Meals Per Diem”.

	unless staying overnight.
Miscellaneous Expense Reimbursement	Include any expenses for parking, rideshare, internet access, etc.
Total Reimbursement Amount	This field will automatically populate the total amount to be reimbursed.
Funding Fields	
Change Funding <i>*Required Field</i>	Enter Yes or No
Budget Line Name <i>*Required Field</i>	Use this field if the answer is "Yes" to the Change Funding Field.
Total Funding Amount	This field will automatically populate if the budget amount has changed.
Attachments Upload	
Missing any receipts? Fill out the Missing Receipts Form and upload it.	
Receipts	Upload all receipts (ability to upload multiple receipts) including the Missing Receipts Form.
Miscellaneous Attachments	Attach all miscellaneous information regarding reimbursements.
Traveler's Reimbursement Comments	Enter any necessary reimbursement comments in this field related to the travel.
Submit	After filling out the reimbursement fields, review it, and if all the information looks correct, click on the Submit field.

Misc Expense Reimbursement	Amount	<input type="text"/>	\$	<input type="text"/>
Add				

Total Reimbursement Amount	\$	<input type="text" value="0.00"/>
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Change Funding*	<input type="text" value="No"/>
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Budget Line Name*	Budget Line Code*	Amount*
<input type="text" value="Fiscal Services"/>	<input type="text" value="11-A20-0000-0-6720-0000-5220"/>	\$ <input type="text" value="1,282.60"/>
<small>Format Example: 11-H10-0000-0-6730-0000-5220</small>		

Total Funding Amount	\$	<input type="text" value="1,282.60"/>
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Receipts	<input type="button" value="Upload"/>
Misc. Attachments	<input type="button" value="Upload"/>

Traveler's Reimbursement Comments	<input type="text"/>
Comments	<small>2000 characters left</small>
<input type="button" value="Submit"/>	