

Job Candidates' Travel Expenses

The Contra Costa Community College District (District) strives to ensure a high quality applicant pool for its open positions. In order to secure such a pool, the District may reimburse for candidate travel expenses (up to \$500.00) under the following conditions:

- the candidate must be applying for a position designated as M8 or higher on the Management Salary Schedule or other recruitments as approved by the Chancellor, college President, or designee;
- the candidate will only be reimbursed for eligible expenses resulting from the **final** interview which s/he interviewed (M8 or higher); and
- the candidate must be traveling a distance of 400 miles or more round trip from the interview site.

Any candidate eligible for reimbursement pursuant to these conditions may submit a request for reimbursement for travel expenses on an expense claim form (Exhibit A), with appropriate proof of such expenses. Such travel expenses include:

1. **Mileage Expenses.** Reimbursement for the use of a personal automobile shall be at the Internal Revenue Service (IRS) standard mileage rate for business use. The rate will be established based on the current IRS rate.
2. **Other Reimbursable Travel Expenses.** The following other expenses will be reimbursed to a job candidate with appropriate proof of expenses:
 - a. lodging will be reimbursed at the single occupancy rate and will cover all applicable taxes;
 - b. portorage, parking, taxi, and bridge tolls;
 - c. air fares;
 - d. rental car fees; and
 - e. gratuities in accordance with local custom (the amount shall be included in the applicable expense item).
3. **Procedure for Claiming Expense Reimbursement.** Reimbursement for expenses shall be claimed as follows on the Expense Claim form, (Exhibit A).
 - a. Claims should be submitted promptly within 30 days after the expenses are incurred and shall include original, dated, and itemized receipts. Claims must be for "actual and necessary" expenses.
 - b. Candidate must supply a W-9 form with appropriate tax identification information.
 - c. The expense claim form with all supporting documentation (original receipts, paid invoices, W-9, etc.) is to be forwarded to the District Accounting Office at the following address:

500 Court Street
Martinez, CA, 94553
ATTN: District Accounting Office

Voucher no. _____

Expense Claim

Contra Costa Community College District

Name _____
Mail check to _____

Date mm/dd/yy	Purpose for expense (reason or event)	Personal vehicle used			Meals	Other out-of-pocket		Line Total
		From	To	Miles		Description	Amount	
1					Breakfast Lunch Dinner			\$
2					Breakfast Lunch Dinner			\$
3					Breakfast Lunch Dinner			\$
4					Breakfast Lunch Dinner			\$
5					Breakfast Lunch Dinner			\$
6					Breakfast Lunch Dinner			\$
7					Breakfast Lunch Dinner			\$
Total					Total	Total Other	Total	\$

I hereby certify that the above items constitute a true statement of actual and necessary expenses incurred in the performance of authorized duties

Signature: _____ Date: _____
 Reviewed by: _____ Date: _____
 Approved by: _____ Date: _____

Comments: _____

Department or Division Head
President or Designee

GL Account: 11-01-101020-673001-55200 Amount \$ _____
 GL Account: _____ Amount \$ _____
 GL Account: _____ Amount \$ _____
 GL Account: _____ Amount \$ _____