

DISTRICT OFFICE USE ONLY

TRAVEL EXPENSE STATEMENT

Budget Acc't _____

CLAIMS FOR REIMBURSEMENT ARE TO BE FILED WITH THE DISTRICT OFFICE NO LATER THAN FIVE DAYS FOLLOWING YOUR RETURN FROM THE CONFERENCE.

Employee making request: _____ School/Dept: _____

Expenses incurred while attending _____ Conference/Workshop.

Location of Conference/Workshop: _____

Conference Dates: From: _____ to: _____ 20 _____

UNLESS RECEIPTS ARE ATTACHED, DO NOT CLAIM EXPENSES 1, 2, or 3 BELOW.

1. Transportation – Plane, rail, or bus (Receipt attached) \$ _____
2. Lodging (Receipt/bill attached). IF BILL IS WRITTEN UP DOUBLE RATE, SINGLE RATE MUST BE CLEARLY SHOWN ON RECEIPT \$ _____
3. Registration Fee (Receipt attached) \$ _____
4. Meals – (Must be itemized by day and by meal.)

Date	Breakfast	Lunch	Dinner	Total for One Day

5. Private Auto TOTAL ALL MEALS \$ _____

_____ Miles at .58¢ per mile. TOTAL EXPENSE FOR MILEAGE \$ _____

6. Other Expenses (List and attach receipts.)

1. _____ \$ _____
 2. _____ \$ _____
 3. _____ \$ _____
- TOTAL OTHER EXPENSES \$ _____
- GRAND TOTAL– ALL EXPENSES \$ _____
- (LESS ADVANCE, if any) \$ _____
- NET TO EMPLOYEE/DISTRICT \$ _____

I certify that the above were all actual and necessary expenses.

Employee Signature

Approved by authorized person other than claimant.
(Supervisor or Principal)

Budget to be Charged: Principal / Supervisor – Check Appropriate Budget Account

General _____ Title I _____ Title II _____ Title III LEP _____ GATE _____ VEA _____ Child Care Services _____
Special Ed Only: Medi-CAL-LEA _____ Spec. Ed. Support _____
Other _____

District Approval _____
IS 303-09-16 Authorized Signature

Approved by Board–Date _____
Motion Number _____