

SAN LORENZO UNIFIED SCHOOL DISTRICT
INSTRUCTIONS FOR COMPLETING TRAVEL/CONFERENCE
APPROVAL AND EXPENSE CLAIM FORM

This form is to be used by San Lorenzo Unified School District employees and representatives in connection with travel for district business under either of the following circumstances: (1) Any travel outside the San Lorenzo Unified School District area, OR (2) attendance at any conference, workshop or meeting for which multiple charges will be incurred, regardless of distance traveled. **For travel where only mileage charges will be incurred, the standard mileage form is to be used.**

The upper section (Part A) is your request for the required prior approvals to attend the conference or meeting. The lower section (Part B) provides for an itemized and/or reimbursement of expenses incurred, **after** the activity has occurred.

PART A: INSTRUCTIONS –This section should be completed prior to travel/conference.

1. Please print your name as it is shown on district employee records. Do not use nicknames. Include your school site or department. Indicate your title or position with the district (teacher, principal, etc.)
2. State the name, place, and dates of conference. Attach a copy of the brochure or agenda that shows the event dates and location and include this in your Escape requisition.
3. Check the appropriate boxes for substitute requests. **For ALL substitute requests, make arrangements with the Human Resources Department to secure a substitute.**
4. Estimate the maximum costs of the trip (including lodging/hotel expenses, airline tickets, car rental, meals, etc.). Indicate appropriate and valid budget codes with sufficient balances. Invalid budget codes and budget codes with insufficient balances will delay the processing of your request.
5. Complete the CONFERENCE/REGISTRATION form and submit with this Travel/Conference Approval & Expense Claim form in your Escape requisition.
6. Please provide complete information and all required signature(s) to avoid delay in processing your request.

PART B: ITEMIZED EXPENSES. Submit to Fiscal Services within two (2) weeks after return from trip.

1. Indicate dates as well for the days of conference (Day 1, 11/ 1). Dates shown here must be in agreement with those on the conference brochure and those shown in Part A.
2. Receipts for meals are not required. Meals should be claimed at actual amount spent, including tax and tip, not to exceed limits of \$15.00 for breakfast, \$20.00 for lunch, and \$31.00 for dinner (pursuant to Administrative Regulation for Board Policy # 3350).
3. Lodging: Reimbursement for lodging is allowed for San Lorenzo Unified School District authorized travelers only, and for destinations over 50 miles away from San Lorenzo.
4. **Original receipts must be attached to the form where required.** This includes itemized hotel bills, conference registration receipts, airline tickets, etc.
5. If charges are made to the employee's personal account via credit card or personal check, an acceptable receipt is still required (e.g. credit card charge slip, credit card bill, cancelled check, etc.)

OTHER:

1. Reimbursement for alcoholic beverages is not allowed.
2. Reimbursement for fuel for personal/private vehicles is not allowed. However, if personal/private vehicle is used, mileage reimbursement, at current mileage rate at the time of travel, should be requested.
3. Reimbursement is allowed only for actual, reasonable and necessary expenses, pursuant to Administrative Regulation for Board Policy #3350.

SAN LORENZO UNIFIED SCHOOL DISTRICT

Travel/Conference Approval & Expense Claim Form

PART A-Request to Attend Conference

P.O. Requisition must be received in the Purchasing Department at least **10** working days **PRIOR** to conference

Name: _____ Date: _____

Assignment: _____ Site: _____

Name of Conference: _____

Place of Conference: _____

Date(s) of Travel/ Conference: _____

From: _____ To: _____ Days: _____

Substitute Needed: Yes No **No. of Days:** _____

The right to claim University/District credit for this conference is waived if the district reimburses expenses or pays for the substitute

ESTIMATED EXPENSES: No Expense

Conference Registration Fee..... \$ _____

Personal Check District/P.O.# _____

Transportation: Personal Check/CC \$ _____

Airfare Taxi Personal Vehicle Car Rental

Hotel Expenses: Personal Check/CC... District ... \$ _____

Meals..... \$ _____

Other Authorized Expenses... \$ _____

Total Estimated Expenses Approved..... \$ _____

Supervisor is responsible in identifying the funding source and in ensuring that funds are available prior to approval.

FUND	RESOURCE	YEAR	GOAL	FUNCTION	MANAGER	SITE	OBJECT

Applicant Signature Date

Supervisor Signature Date

SITE CHECKLIST

- Registration to be processed by District
- Sub Requested through H.R. Department

Make arrangements with H.R. if requesting a substitute.

PART B-Statement of Travel & Expense

Expense claims must be completed and submitted upon return within two (2) weeks after the Conference

Receipts are <u>not</u> required for meals. Meals included in registration are not reimbursable, nor are alcoholic beverages.	Direct Payments	Day 1	Day 2	Day 3	Day 4	Day 5	Totals
Breakfast (not to exceed \$15)							
Lunch (not to exceed \$20)							
Dinner (not to exceed \$31)							
Hotel (receipt required) room & tax for claimant only							
Car Storage/Parking (receipt required)							
Transportation <input type="checkbox"/> Taxi (receipt required)							
<input type="checkbox"/> Personal Car _____ miles @ _____/mile (current rate)							
<input type="checkbox"/> Airfare (receipt required)							
<input type="checkbox"/> Car Rental (receipt required)							
Registration (receipt required) individual membership fees not reimbursable							
Other Expenses (receipt required) attach itemized sheet if necessary							

I hereby certify that the above statement represents the actual and necessary expenses in connection with my attendance at the above meeting/conference.

TOTAL ITEMIZED EXPENSES (Should not exceed estimate in Part A)	
Less DIRECT Payments	
Reimbursement Due to Employee:	

Applicant Signature:	
Date Submitted:	
Approved:	
Principal/Supervisor	
Date:	

For Business Department Use Only:

Expense Approval:	
Chief Business Officer or Designee	Date