

**CLAIM FOR TRAVEL EXPENSES**

**2.804 Exhibit D**

FUND: \_\_\_\_\_  
 DEPT/DIV: \_\_\_\_\_  
 ACCOUNT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_  
 PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**FOR FISCAL USE ONLY**

**THIS CLAIM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL POLICIES**

(TYPE OR PREPARE IN INK)

\*MUST BE FILLED OUT COMPLETE TO BE PAID  
 INCOMPLETE FORMS WILL BE RETURNED

DATE	PLACE LEFT	TIME LEFT AM/PM	PLACE ARRIVED	TIME ARRIVED AM/PM	TRANSPORTATION					MEALS			OTHER EXPENSES ITEMIZED, ATTACH RECEIPT AND EXPLAIN			
					# MILES	MILES X .47 \$ TOTAL	AIRLINE TICKETS/ OTHER	PARKING TAXI LIMO	LODGING	BREAKFAST (\$11.00)	LUNCH (\$12.00)	DINNER (\$23.00)	EXPENSE	INCIDENTALS (\$5.00)	TOTAL	
													<b>GRAND TOTAL</b>			

**TYPE OR PRINT COMPLETE HOME ADDRESS**

NAME: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NAME OF EVENT / CONFERENCE  
 ADDITIONAL EXPLANATION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GROSS TOTAL:** \_\_\_\_\_  
**AMT DUE CLAIMANT:** \_\_\_\_\_  
**AMT DUE SCHOOL:** \_\_\_\_\_

STATE MEAL ALLOWANCES	
Breakfast	\$11.00
Lunch	\$12.00
Dinner	\$23.00
Incidentals	\$5.00

MEAL ALLOWANCES ON TRAVEL DAY			
Traveling to Conference		Traveling Home	
Departure Time	Meals Reimbursed	Arrival Time	Meals Reimbursed
Prior to 7:00 AM	B / L / D	After 5:30 PM	B / L / D
7:00 AM - 11:30 AM	L / D	12:30-5:30PM	B / L
After 11:30 AM	Dinner	Before 12:30	Breakfast

\*See 2.804 Exhibit A for more details

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT  
 X  
 \_\_\_\_\_  
 SIGNATURE DATE  
 \_\_\_\_\_  
 SCHOOL  
 \_\_\_\_\_  
 SUPERVISOR'S SIGNATURE DATE  
 \_\_\_\_\_  
 DIRECTOR'S SIGNATURE DATE

- STEP 1 Enter School Name and Dates of Travel (From and To) at the top
- STEP 2 Enter Date, Place Left, Time Left, Place Arrive, Time Arrived
- STEP 3 Enter number of miles traveled and calculate \$ amount
- STEP 4 Enter Airlines, Taxi/Parking, Lodging (NOT already paid by System)
- STEP 5 Enter price listed for each meal purchased (NOT provided by the Conference)
- STEP 6 Enter Total for each row
- STEP 7 Enter Grand Total for Reimbursement
- STEP 8 Enter your name, last 4 digits of SSN and complete home address
- STEP 9 Enter Name of the Event/Conference or any additional explanations
- STEP 10 Sign Claim Form

**ORIGINAL : TO APPROPRIATE CENTRAL OFFICE SUPERVISOR**

**COPY: FOR YOUR RECORDS Revised: 11/01/17**