

NEW HAVEN UNIFIED SCHOOL DISTRICT

TRAVEL/CONFERENCE APPROVAL & EXPENSE CLAIM FORM

PART A – Request to Attend 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.

Applicant Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

SITE CHECKLIST:

- Registration/hotel/airline to be processed by District
- Conference/Travel Requisition Form Attached
- Sub Requested
- Sub Authorization form Submitted to Personnel

DISTRICT OFFICE APPROVAL:

EDUCATION SERVICES	BUSINESS SERVICES
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved
<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved
Signature: _____	Signature: _____
Date: _____	Date: _____

ESTIMATED EXPENSES: No Expense

Conference Registration Fee..... \$ _____

Personal District/ _____

Transportation: Personal Check/CC District..... \$ _____

Airfare Taxi
 Personal Vehicle

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

Meals..... \$ _____

Other Authorized Expenses..... \$ _____

TOTAL ESTIMATED EXPENSES APPROVED: \$ _____

If Requesting **Payment of Registration through Purchase Order**, please complete the “*Conference/Travel Requisition*” form and submit with this form.

If Requesting a Substitute, please complete “*Substitute Authorization*” form and submit separately to Personnel.

FUNDING SOURCES/BUDGET CODES:

FU	RES	YR	GL	FN	OBJ	SCH	MGT

Budget Approval: _____

PART B – Statement of Travel & Expense

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

	Direct Payments	Day 1_____	Day 2_____	Day 3_____	Day 4_____	Day 5_____	Totals
Breakfast (Maximum \$11.00) alcoholic beverages are not reimbursable							
Lunch (Maximum \$16.00) alcoholic beverages are not reimbursable							
Dinner (Maximum \$29.00) alcoholic beverages are not reimbursable							
Hotel (receipt required) room & tax for claimant only							
Car Rental (receipt required)							
Car Storage/Parking (receipt required)							
Transportation: <input type="checkbox"/> Taxi							
<input type="checkbox"/> Personal Car _____ miles @ _____/mile (current rate)							
<input type="checkbox"/> Airfare (receipt required)							
Registration (receipt required) individual membership fees not reimbursable							
Other Expenses (receipt required) attach itemized sheet if necessary							

TOTAL ITEMIZED EXPENSES (Should not exceed estimate in Part A)

Less DIRECT Payments

Reimbursement Due To Employee:

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

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

For Business Department Use Only:

<small>Budget Code Review:</small>	
Budget Analyst/District Accountant	Date
Expense Approval:	
Chief Business Officer or Director of Fiscal Services	Date

NEW HAVEN UNIFIED SCHOOL DISTRICT

INSTRUCTIONS FOR COMPLETING TRAVEL/CONFERENCE APPROVAL AND EXPENSE CLAIM FORM

This form is to be used by New Haven Unified School District employees and representatives in connection with travel for district business under either of the following circumstances: (1) Any travel outside the New Haven 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 is your request for the required prior approvals to attend the conference or meeting. The lower section provides for an itemized and/or reimbursement of expenses incurred, after the activity has occurred.

PART A: INSTRUCTIONS – PLEASE PROVIDE COMPLETE INFORMATION. Incomplete and inaccurate information can delay the processing of your claim. 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.
3. Check the appropriate boxes for substitute requests. **For ALL substitute requests, please complete "Substitute Authorization" form and submit separately to Personnel Department.**
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. For payment of Registration Fees through Purchase Order, complete the CONFERENCE/TRAVEL REQUISITION form and submit with this Travel/Conference Approval & Expense Claim form.
6. No travel is to be made without obtaining the required approvals from the District Office. Upon approval by District personnel, a copy will be returned to you for completion of Part B after your return.

PART B: ITEMIZED EXPENSES. Submit to Business 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 \$11.00 for breakfast, \$16.00 for lunch, and \$29.00 for dinner (pursuant to Board Policy # B-3350 and Administrative Regulation for Board Policy #B-3350).
3. Lodging: Reimbursement for lodging is allowed for New Haven Unified School District authorized travelers only, and for destinations over 75 miles away from Union City.
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 Board Policy #B-3350 and Administrative Regulation for Board Policy #B-3350.

**NEW HAVEN UNIFIED SCHOOL DISTRICT
BUSINESS SERVICES**

CONFERENCE/TRAVEL REQUISITION

For Payment of Conference Registration through Purchase Order Only.

REQUESTED BY: _____	SITE: _____
DATE SUBMITTED: _____	DATE REQUIRED: _____

CONFERENCE REGISTRATION			
<i>[Please include a copy of completed Registration Form for each attendee]</i>			
Name of Conference:			
Place of Conference:			
Date(s) of Conference:		Registration Fee:	

Participant(s)

BUDGET CODE

FU	RES	YR	GL	FN	OBJ	SCH	MGT

APPROVED:

Principal/Site Administrator