



Romero Elementary • Gustine Elementary • Gustine Middle • Gustine High • Pioneer High

REIMBURSEMENT REQUEST FOR TRAVEL/CONFERENCE
(ONLY FOR USE AFTER TRAVEL)*

NAME:

Meeting/Conference Attended: (list name & location)

Date(s):

TRANSPORTATION: Attach Mileage Printout**

Total:

Private Vehicle*:
_____ miles @ 58 cents per mile

MEALS: Circle One: Tier I / Tier II See Travel Guidance*

Total:

Write Date & Circle Breakfast, Lunch, or Dinner

Date: B / L / D

Date: B / L / D

Date: B / L / D

Date: B / L / D

LODGING: Attach receipts**

Total:

Name of Hotel:
_____ Nights @ \$ _____ per night

INCIDENTALS/MISC: Attach receipts**

Total:

Registration Fees: \$ _____
Parking Fees: \$ _____
Other (Specify): \$ _____

TOTAL EXPENSE \$

* REFER TO TRAVEL GUIDANCE & BOARD POLICY, AR3350, FOR SPECIFICS ALLOWED.

**ORIGINAL ITEMIZED receipts MUST be attached. Attach mileage printout if claiming mileage.

I certify the above claim to be a true and accurate account of expenditures for the period indicated.

Signature of Claimant: _____ Date: _____

Budget Classification/Account #: _____

Supervisor Approval: _____ Date: _____