



**WM. S. HART UNION HIGH SCHOOL DISTRICT
TRAVEL EXPENSE CLAIM FORM**

EMPLOYEE NAME: _____ DATE: _____

JOB ASSIGNMENT: _____ WORKSITE/DEPARTMENT: _____

CONFERENCE/MEETING TITLE: _____

LOCATION/ADDRESS: _____

DATES OF ATTENDANCE (MM/DD/YYYY): FROM _____ TO _____ NO. DAYS: _____

Attach a copy of the Authorization for Travel/Conference Attendance Form, and submit this form and any unused advanced funds within 10 working days following return from travel. Itemized receipts shall be provided for all expenses. Please provide a Google map for any mileage claim, and refer to Board Policy and Administrative Regulation 3350 for an explanation of the District's criteria for reimbursable expenses. Submit this form to the Principal/Director for approval and forward to the Business Office for processing.

	ADVANCE/ DIRECT PAY	1 DAY	2 DAY	3 DAY	4 DAY	5 DAY	TOTAL
BREAKFAST (\$12 MAX)							
LUNCH (\$18 MAX)							
DINNER (\$30 MAX)							
HOTEL							
CAR RENTAL							
CAR STORAGE/ PARKING							
TAXI/SHUTTLE							
PERSONAL CAR _____ MILES @ \$0.58/MILE							
AIRFARE							
REGISTRATION							
OTHER EXPENSES							

I certify the above is an accurate accounting of the actual and necessary expenses incurred in connection with my attendance at the above conferences/meetings, and that no part of the above has previously been claimed or paid by the District or any other source.

SUBTOTAL	
LESS ADVANCE / DIRECT PAYMENT	
TOTAL REIMBURSEMENT	

EMPLOYEE SIGNATURE _____ DATE _____ PRINCIPAL/DIRECTOR _____ DATE _____

ACCOUNTING CODE					
FUND	RESOURCE/PY	GOAL	FUNCTION	OBJECT	LOCATION

Accounting: _____ Accounts Payable: _____ Director of Fiscal Services/Date _____
(initial/date) (initial/date)