

**Palermo Union School District
7390 Bulldog Way
Palermo, CA 95968-9700**

TRAVEL EXPENSE CLAIM FORM

NAME _____

TITLE/DATE OF CONFERENCE _____
YOU MUST ATTACH ORIGINAL ITEMIZED RECEIPTS FOR ALL EXPENSES TO BE REIMBURSED

<p style="text-align: center;">TRANSPORTATION</p> <p>COMMON CARRIER (PLANE, TRAIN, TAXI, BUS – attach receipts) \$ _____</p> <p>DISTRICT CAR (PURCHASE OF FUEL – attach receipts) \$ _____</p> <p>Private Car: (Workday: Round trip miles from Home to Workshop _____ minus round trip miles from Home to Work _____ equals _____ x 55.5 ¢ per mile (If negative number enter zero) (Weekends and Non-Workdays: Round trip miles from Home to Workshop _____ x 55.5¢ per mile</p> <p>PARKING (attach receipts) \$ _____</p> <p>BRIDGE TOLLS (attach receipts) \$ _____</p>													
<p style="text-align: center;">LODGING</p> <p># OF NIGHTS _____ X COST PER NIGHT \$ _____</p> <p>\$60 maximum per night single. Commercial rates shall be requested when possible. The Superintendent may authorize actual cost of lodging that exceeds the maximum when the conference is held in a high-cost area. Receipts must be attached if paid by the employee.</p>	\$ _____												
<p style="text-align: center;">MEALS</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;"><u>DATE</u></th> <th style="width: 30%;"></th> <th style="width: 40%; text-align: center;"><u>DAILY TOTAL</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>You are allowed to spend \$37 per day. Original itemized receipts must be attached.</p>	<u>DATE</u>		<u>DAILY TOTAL</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____
<u>DATE</u>		<u>DAILY TOTAL</u>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
<p style="text-align: center;">REGISTRATION</p> <p>COST OF REGISTRATION (Receipt must be attached if paid by the employee)(All conferences should be approved by your supervisor and the district superintendent before reservations are made)</p>	\$ _____												
<p style="text-align: center;">OTHER EXPENSES (Receipts must be attached)</p> <p>_____</p>	\$ _____												
<p>TOTAL TRAVEL EXPENSE</p>	\$ _____												

ACCOUNT TO BE CHARGED _____ **ORG KEY** _____ **OBJ CODE** _____ **AMOUNT** \$ _____
 (See account code structure on reverse)
 (Should match Conference Request coding)

I certify that this is a true and correct claim for actual expenses incurred and that no payment has been received on account thereof.

Employee Signature

Date

Coordinator of Categorical Programs Signature (if needed)

Date

Supervisor Signature

Date