## Travel Expense Claim Form

NAME: $\qquad$ DATE OF CLAIM: $\qquad$
ADDRESS: $\qquad$
DATES: From: $\qquad$ To: $\qquad$ Employee ID $\qquad$
CONFERENCE NAME / PURPOSE OF TRIP: $\qquad$

|  | Sun | Mon | Tue | Weds | Thu | Fri | Sat | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| DATE |  |  |  |  |  |  |  |  |
| Hotel* |  |  |  |  |  |  |  | \$ 0.00 |
| Transportation* |  |  |  |  |  |  |  | \$ 0.00 |
| Parking Fees* |  |  |  |  |  |  |  | \$ 0.00 |
| Tolls* |  |  |  |  |  |  |  | \$ 0.00 |
| Miles Traveled* |  |  |  |  |  |  |  | 0 |
| Mileage @ 0.67 /mile | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| **Per Diem | ${ }^{* *}$ Receipts are not required for per diem meals \& incidentals (M\&I) |  |  |  |  |  |  |  |
| Breakfast (\$16) |  |  |  |  |  |  |  | \$ 0.00 |
| Lunch (\$17) |  |  |  |  |  |  |  | \$ 0.00 |
| Dinner (\$31) |  |  |  |  |  |  |  | \$ 0.00 |
| Incidentals (\$5) |  |  |  |  |  |  |  | \$ 0.00 |
| SUBTOTAL | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| LESS PREPAID EXPENSES AND CASH ADVANCES |  |  |  |  |  |  |  | \$ 0.00 |
| TOTAL CLAIM | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

*DETAILED RECEIPTS/BACK-UP MUST BE ATTACHED TO VERIFY THE ABOVE EXPENSES (EXCEPT M\&I).
Per Diem Meals on first and last day of travel are pro-rated based on time of travel, maximum reimbursable M\&l is $\$ 51.75 /$ travel day. See Superintendent's Policy 4330.00 for pro-rata allowance details on travel days.

Breakfast is between 7:00 AM and 10:00 AM; Lunch is between 11:00 AM and 2:00 PM; Dinner is between 5:00 PM and 8:00 PM.
**A banquet breakfast, luncheon or dinner, which is an official part of a conference and for which there is a prescribed fee, may exceed a meal limitation amount and may be reimbursed at actual cost with a receipt. If a meal is provided as part of the conference, that meal shall not be paid to the employee.

I hereby certify that the above are actual and necessary expenses incurred during the course of official duties.

Signature of Claimant
Signature of Authorizer
Budget Code(s):

| FD - RESC - YR - OBJT - GOAL - FUNC - SCH - BDRS - TYPE |  |  |  |  |  |  |  | \% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| xx xxxx | x | xxxx | xxxx | xxxx | xxx | xxxx | xxxx |  |
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