

**SOLEDAD UNIFIED SCHOOL DISTRICT
CLAIM FOR REIMBURSEMENT FOR TRAVEL AND OTHER EXPENSES**

NAME OF CLAIMANT: _____ DATE: _____

MAILING ADDRESS: _____

Check List: *Approved Conference Request* *Mapquest/Google Map (for mileage)* *Flyer/Agenda* *Itemized Receipts (for meals)*

DATE	PURPOSE	FROM	TO	MILES
Total Miles				
Current IRS Mileage Rate				
TOTAL MILEAGE REIMBURSEMENT				

MEALS

Date	Activity Attended	Depart Time	Return Time	MEALS PER DAY	TOTAL COST
				BREAKFAST	
				LUNCH	
				DINNER	
				BREAKFAST	
				LUNCH	
				DINNER	
				BREAKFAST	
				LUNCH	
				DINNER	
				BREAKFAST	
				LUNCH	
				DINNER	

OTHER EXPENSES

OTHER EXPENSES	TOTAL COST
Fee for Lodging (Receipt and Bank/Credit Statement are Required):	
Fee for Seminar or Workshop Registration: (Flyer & Receipt are Required)	
Other fees (Describe in Full Detail): _____ _____	
TOTAL REIMBURSEMENT	

Claimant's Signature

Date

Supervisor's Signature

Date

For Grant's Program Administrator Signature

Date

Budget Code Detailed

Chief Business Official Signature:

Date: