SONORA UNION HIGH SCHOOL DISTRICT 100 School Street, Sonora, CA 95370 - Phone (209) 533-0423 - Fax (209-532-4513)

TRAVEL EXPENSE CLAIM

SUBMIT AFTER RETURN FROM TRAVEL

Travel and conference expense in accordance with California Education Codes, Sections 44032-44033 Reimbursement of costs are to be in accordance with Board Policy 3350

Name:		Date Sub	mitted:		
Travel Destination:			Travel Da	Travel Date(s):	
Purpose of Travel:					
Registration: Was tl Did you register yourse Did the District process	If? Attach Receipt	ı fee?	Y N	Actual Cost:	
Transportation: District vehicle Private vehicle				Actual Cost:	
Lodging: Did you stay overnight? Attach Receipt				Actual Cost:	
Meal Reimbursement: Attach Itemized Receipts Meal and Incidental Allowance is for overnight travel only per IRS regulations and AR 3350 Reimbursement: Breakfast \$16, Lunch \$17, Dinner \$28, Incidentals \$5 for a daily total no				Actual Cost: a) to exceed \$66 (effective 10/1/19-9/30/20)	
Miscellaneous: Attach Receipts				Actual Cost:	
Parking? Other?	Tolls? Describe:	Taxi?			
		TO	TAL TRAVEL COST	:	
LESS Prepaid Expenses:					
		NET REIMBU			
Claimant				Date	
Site Administrator / Super	visor Approval			Date	
CBO Approval for Paymer	t			Date	
Account Number	:				