

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 Submitted: _____

Travel Destination: _____ Travel Date(s): _____

Purpose of Travel: _____

Registration: Was there a registration fee?

	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Actual Cost: _____
Did you register yourself? *Attach Receipt*
Did the District process the registration?

Transportation: District vehicle? Private vehicle? Miles round trip _____ X \$0.655 = _____ Actual Cost: _____
Attach Google Map Directions

	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lodging: Did you stay overnight? *Attach Receipt*

	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Actual Cost: _____
Did you make reservations yourself?
Did you request District to send Purchase Order or Pre-Payment?

Meal Reimbursement: *Attach Itemized Receipts* Actual Cost: _____
Meal and Incidental Allowance is for overnight travel only per IRS regulations and AR 3350 (a)
Reimbursement: Breakfast \$16, Lunch \$17, Dinner \$28, Incidentals \$5 for a daily total not to exceed \$66 (effective 10/1/19-9/30/20)

Miscellaneous: *Attach Receipts* Actual Cost: _____
Parking? _____ Tolls? _____ Taxi? _____
Other? _____ Describe: _____

TOTAL TRAVEL COST: _____

LESS Prepaid Expenses: _____

NET REIMBURSEMENT CLAIM:

Claimant _____ Date _____

Site Administrator / Supervisor Approval _____ Date _____

CBO Approval for Payment _____ Date _____

Account Number: _____ updated 1/2/20 dv