

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?

Did you register yourself? **Attach Receipt**
Did the District process the registration?

	Y	N
Did you register yourself?	<input type="checkbox"/>	<input type="checkbox"/>
Did the District process the registration?	<input type="checkbox"/>	<input type="checkbox"/>

Actual Cost: _____

Transportation:

District vehicle?
Private vehicle?

Miles round trip _____ X _____ = _____
Attach Google Map Directions

Actual Cost: _____

Lodging: Did you stay overnight? **Attach Receipt**

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

	Y	N
Did you make reservations yourself?	<input type="checkbox"/>	<input type="checkbox"/>
Did you request District to send Purchase Order or Pre-Payment?	<input type="checkbox"/>	<input type="checkbox"/>

Actual Cost: _____

Meal Reimbursement: **Attach Itemized Receipts**

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)

Actual Cost: _____

Miscellaneous: **Attach Receipts**

Parking? _____ Tolls? _____ Taxi? _____
Other? _____ Describe: _____

Actual Cost: _____

TOTAL TRAVEL COST: _____

LESS Prepaid Expenses: _____

NET REIMBURSEMENT CLAIM:

Claimant

Date

Site Administrator / Supervisor Approval

Date

CBO Approval for Payment

Date

Account Number: _____