

## 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 \$0.67 = \_\_\_\_\_ 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