

TRAVEL EXPENSE CLAIM

Name of Claimant _____ School/Dept. _____ Position _____

_____ (name of meeting)

_____ (location)

_____ (dates – inclusive)

Charge to Account # _____ – 5210

1. *Transportation

a. Plane, Rail, Bus (receipted bill attached) \$ _____

b. Private automobile _____ x _____ \$ _____

(mileage) (approved rate)

(If mileage is not claimed, please state name of person you accompanied.)

2. Lodging (receipted bill attached) \$ _____

3. *Registration Fee (receipt attached) \$ _____

4. Meals (list each meal separately below):

Date	Breakfast	Lunch	Dinner	Daily Total	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
					Total All Meals ... \$ _____

5. Other Expenses

a. Telephone (business only) \$ _____

b. Taxi/bus \$ _____

c. Parking (receipt attached) \$ _____

d. Other (itemize below) (receipts attached) \$ _____

_____ \$ _____ Total Other Expenses \$ _____

_____ \$ _____ Total Expenses \$ _____

_____ \$ _____ Amount of Advance \$ _____

_____ \$ _____ Balance due Claimant \$ _____

_____ \$ _____ Balance due District \$ _____

(Must accompany expense claim)

*If these arrangements were not made in advance and payment made by the District.

Approved _____

Claimant's Signature

Date

Date

BUSINESS OFFICE USE ONLY

Lodging \$ _____ Check No./Receipt _____ Dated _____

Advance \$ _____ Check No./Receipt _____ Dated _____

Paid to claimant \$ _____ Check No./Receipt _____ Dated _____

ORIGINATOR: **Must be submitted with Travel Summary**

Submit White, Green, Canary and Pink copies to Rev. Cash;
Retain Goldenrod copy for you file.