

**Palermo Union School District
7390 Bulldog Way
Palermo, CA 95968-9700**

TRAVEL EXPENSE CLAIM FORM

NAME _____

TITLE/DATE OF CONFERENCE _____

****YOU MUST ATTACH ORIGINAL ITEMIZED RECEIPTS FOR ALL EXPENSES ****

TRANSPORTATION		
COMMON CARRIER (PLANE, TRAIN, TAXI, BUS – attach receipts)		\$ _____
DISTRICT CAR (PURCHASE OF FUEL – attach receipts)		\$ _____
Private Car: (Workday: Round trip miles from Home to Workshop _____ minus round trip miles from Home to Work _____ equals _____ x .535¢ per mile (If negative number enter zero) (Weekends and Non-Workdays: Round trip miles from Home to Workshop _____ x .535¢ per mile)		\$ _____
PARKING (attach receipts)		\$ _____
BRIDGE TOLLS (attach receipts)		\$ _____
LODGING		
# OF NIGHTS _____ X COST PER NIGHT \$ _____		
\$60 maximum per night single. Commercial rates shall be requested when possible. The Superintendent may authorize actual cost of lodging that exceeds the maximum when the conference is held in a high-cost area. Receipts must be attached if paid by the employee.		\$ _____
MEALS		
<u>DATE</u>	<u>DAILY TOTAL</u>	
_____	_____	
_____	_____	
_____	_____	
You are allowed to spend \$37 per day. Original itemized receipts must be attached.		\$ _____
REGISTRATION		
COST OF REGISTRATION (Receipt must be attached if paid by the employee)(All conferences should be approved by your supervisor and the district superintendent before reservations are made)		\$ _____
OTHER EXPENSES (Receipts must be attached)		
_____		\$ _____
TOTAL TRAVEL EXPENSE		\$ _____

ACCOUNT TO BE CHARGED

(See account code structure on reverse)
(Should match Conference Request coding)

_____ **ORG KEY**

_____ **OBJ CODE**

_____ **\$ AMOUNT**

I certify that this is a true and correct claim for actual expenses incurred and that no payment has been received on account thereof.

Employee Signature

Date

Supervisor Signature

Date

Superintendent or Chief Business Officer Signature

Date