

# Red Bluff Joint Union High School District

## Claim for Travel Reimbursement

### Program Code:

Date:

Name: \_\_\_\_\_

Req#: TR

Name of Meeting/Conference:

Place of Meeting/Conference:

Date of Departure: \_\_\_\_\_ Time of Departure: \_\_\_\_\_

Date of Return: \_\_\_\_\_ Time of Return: \_\_\_\_\_

## Less Advance Received

**Amount Claimed** **\$** **-**

**Amount Due to District**

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**Claimant Signature**

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**Principal/Superintendent Signature**

## **Department Chair Signature**

**Chief Business Official Signature**

I hereby state that I carry automobile insurance in an amount of no less than \$15,000/\$30,000 bodily injury and \$5,000 property damage and that I will notify the District immediately should my automobile insurance be cancelled or suspended for any reason. I also acknowledge that California Law requires that I will wear a seat belt while using my own vehicle on District business; and that I will comply with this law. This statement represents an accurate account of the actual and necessary travel expenses and authorized meal expenses\* incurred by the undersigned in the performance of assigned duties.

\*Submitted in accordance with the California Administrative Code, Title 5, Sections 17430et seq., and Education Code Section 1942.

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**Claimant Signature**

Note: Receipts for tolls, transportation or parking in excess of \$1.00 must be attached on a separate piece of 8-1/2 x 11 paper. If lodging was included in your trip, claims will not be processed without a hotel receipt. Receipts for meals not required. Breakfast allowance \$7 (overnight stays only), \$11 lunch, \$23 dinner, if meals are not provided by hotel or conference.