

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: _____

Date								
Miles Driven								
Mileage Claimed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Breakfast	\$ -	\$ -	\$ -					
Lunch	\$ -	\$ -	\$ -					
Dinner	\$ -	\$ -	\$ -					
Uber	\$ -							
Lodging								
Registration								
Parking								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Grand Total \$ -

Less Advance Received _____

Amount Claimed _____ \$ -

Amount Due to District _____

Claimant Signature

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 I 7430et seq., and Education Code Section 1942.

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.