



RED BLUFF UNION SCHOOL DISTRICT
CLAIM FOR REIMBURSEMENT - CONFERENCES AND WORKSHOPS

Name _____
(one person per form)

Today's Date _____

Name of Meeting or Conference _____

Place of Meeting or Conference _____

Date of Departure _____

Date of Return _____

EXPENSE ACCOUNT *

Date	Hotel	Breakfast	Lunch	Dinner	Transportation Costs Miles @ _____ per mile	Other Expenses Explanation	Cost	TOTALS
<u>Grand Total</u>								

* **NOTE:** Attach receipts for hotels, registrations, transportation, meals and parking.

Amount of Cash Advance _____

Amount due ☐ District ☐ Employee _____

Date _____

Signature _____
Claimant

☐ Approved ☐ Disapproved

Date _____

Signature _____
Principal or Supervisor

Distribution: White - District Yellow - Claimant

CFCR07-06