

Palermo Union Elementary
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: _____ miles@.70 (attach MapQuest of exact miles) PARKING (attach receipts) BRIDGE TOLLS (attach receipts)		\$ _____ \$ _____ \$ _____ \$ _____ \$ _____								
LODGING # OF NIGHTS _____ X COST PER NIGHT \$ _____ Receipts must be attached if paid by the employee.		\$ _____								
MEALS <table border="1"><thead><tr><th><u>DATE</u></th><th><u>DAILY TOTAL</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></tbody></table>	<u>DATE</u>	<u>DAILY TOTAL</u>	_____	_____	_____	_____	_____	_____		
<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 _____

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