



CORNING UNION ELEMENTARY SCHOOL DISTRICT

1005 Hoag Street, Corning, CA 96021

Conference/Workshop Reimbursement Form

Date: _____

Employee (Print Name): _____ Site/Department: _____

Employee Address: _____

1.	Conference/Workshop Attended						
	Location of Conference/Workshop						
	Date(s) Expenses Incurred						
	Month/Date						Totals
2.	Travel						
	Plane, bus, train fares etc.						
	Taxi, shuttle, car rental, etc.						
	Parking Fees						
	Private Car miles @						Total Miles
3.	Hotel/Lodging	Name of Hotel:					Hotel Cost:
4.	Meal Expense (\$54 per day)						
	Breakfast (\$13 max)						
	Lunch (\$15 max)						
	Dinner (\$26 max)						
5.	Incidentals (\$5.00 per day max)						
6.	Registration						
7.	Total Expenses						

Original receipts required for all expenses. Original ITEMIZED meal receipts.

I hereby certify that this claim is an actual accounting of the necessary expenses incurred by me in performance of official duties and follows the administrative regulation 3350.

Employee Signature _____ Date _____

Site/Department Approval _____ Date _____

FND	RESC	YR	GOAL	FUNC	OBJ	SITE	STAFF	LOCAL	AMOUNT