



**WM. S. HART UNION HIGH SCHOOL DISTRICT
TRAVEL EXPENSE CLAIM FORM**

EMPLOYEE NAME: _____ **DATE:** _____

JOB ASSIGNMENT: _____ **WORKSITE/DEPARTMENT:** _____

CONFERENCE/MEETING TITLE: _____

LOCATION/ADDRESS: _____

DATES OF ATTENDANCE (MM/DD/YYYY): FROM _____ TO _____ **NO. DAYS:** _____

Attach a copy of the Authorization for Travel/Conference Attendance Form, and submit this form and any unused advanced funds within 10 working days following return from travel. Itemized receipts shall be provided for all expenses. Please provide a Google map for any mileage claim, and refer to Board Policy and Administrative Regulation 3350 for an explanation of the District's criteria for reimbursable expenses. Submit this form to the Principal/Director for approval and forward to the Business Office for processing.

	ADVANCE/ DIRECT PAY	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	TOTAL
BREAKFAST (\$12 MAX)							
LUNCH (\$18 MAX)							
DINNER (\$30 MAX)							
HOTEL							
CAR RENTAL							
CAR STORAGE/ PARKING							
TAXI/SHUTTLE							
PERSONAL CAR _____ MILES @ \$0.575/MILE							
AIRFARE							
REGISTRATION							
OTHER EXPENSES							

SUBTOTAL

I certify the above is an accurate accounting of the actual and necessary expenses incurred in connection with my attendance at the above conferences/meetings, and that no part of the above has previously been claimed or paid by the District or any other source.

LESS ADVANCE / DIRECT PAYMENT

TOTAL REIMBURSEMENT

EMPLOYEE DATE **PRINCIPAL/DIRECTOR DATE** **SUPERINTENDENT/DESIGNEE DATE**

ACCOUNTING CODE					
FUND	RESOURCE/PY	GOAL	FUNCTION	OBJECT	LOCATION

Accounting: _____ Accounts Payable: _____ Director of Fiscal Services/Date _____
(initial/date) (initial/date)