

## CARMEL UNIFIED SCHOOLDISTRICT TRAVEL REIMBURSEMENT CLAIM

DATE	DESTINATION	PURPOSE	FARE/MILEAGE (.575¢ per mile)	REGISTRATION FEES	LODGING CHARGES	MEALS \$ 65/day max	MISCELLANEOUS	DAILY TOTAL
<b>GRAND TOTAL:</b>								

**INSTRUCTIONS**

In order to process your request, the following items **MUST** be submitted with your reimbursement:

1. Copy of conference flyer or registration form
2. Original **ITEMIZED** receipts taped in chronological order to 8.5" x 11" sized paper (for meals, lodging, transportation fare, registration fees, and parking) **All items charged to personal Credit card must be accompanied by Credit card statement.**
3. Evidence of mileage (i.e., Mapquest or Google Maps printout)

**ITEMIZED MEAL RECEIPTS ARE REQUIRED**



Meal receipts must show what was ordered for any meal reimbursement. Maximum = \$65/day, including tip, based on average annual GSA daily rate. This maximum is reduced

if meals are provided as part of the registration.

**The following items are excluded from authorized expenses and must not be included in this claim:**

Alcoholic beverages, mileage cost in excess of air coach fare, personal services, entertainment, gifts, long distance phone charges that are not related to school business, expenses for non-employees

<b>BUSINESS OFFICE USE ONLY:</b>	
District Approval: _____	_____
Classification Correct: _____	_____
Computation Correct: _____	_____
Receipts Attached: _____	_____

<b>DEPARTMENT USE ONLY:</b>
PO: _____
SBA: _____
EWA: _____

Approved for Payment by: _____ Warrant # _____ Date _____
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\_\_\_\_\_  
Budget Classification Date

\_\_\_\_\_  
Budget Code

\_\_\_\_\_  
Name of Claimant

\_\_\_\_\_  
Mailing Address of Claimant

**X** \_\_\_\_\_  
Signature of Claimant

**X** \_\_\_\_\_  
Signature of Principal / Supervisor  
(Approval of Claim and Expenditure Classification)

**X** \_\_\_\_\_  
Signature of District Office Administrator