

CARMEL UNIFIED SCHOOL DISTRICT TRAVEL REIMBURSEMENT CLAIM

DATE	DESTINATION	PURPOSE	FARE/MILEAGE (.58¢ per mile)	REGISTRATION FEES	LODGING CHARGES	MEALS \$ 65/day max	MISCELLANEOUS	DAILY TOTAL
GRAND TOTAL:								

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)

_____ 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

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

BUSINESS OFFICE USE ONLY:	
District Approval: _____	
Classification Correct: _____	
Computation Correct: _____	
Receipts Attached: _____	

DEPARTMENT USE ONLY:	
PO: _____	
SBA: _____	
EWA: _____	

Approved for Payment by: _____
Warrant # _____ Date _____