

**PARADISE UNIFIED SCHOOL DISTRICT
CONFERENCE TRAVEL EXPENSE REPORT AND CLAIM**

(TO BE USED WHEN OVERNIGHT STAY AND/OR REGISTRATION IS INVOLVED)

IMPORTANT: Claim must be filed within 60 days

EMPLOYEE

NON-EMPLOYEE

ID#: _____

SS#: _____

NAME: _____ DATE: _____

ADDRESS: _____ CITY/ZIP _____

POSITION TITLE: _____ ASSIGNED HEADQTRS: _____

TRAVEL PURPOSE OR CONFERENCE ATTENDED _____		LOCATION _____	
DEPARTURE DATE: _____	HOUR OF LEAVING: _____	RETURN DATE: _____	HOUR OF RETURN: _____

1. TRANSPORTATION

- A. Railroad/Plane/Bus (Receipts Required) _____
- B. Taxi/Car/Local Bus/Rapid Transit/Other (Receipts Required) _____
- C. Personal Car Mileage _____ Miles @ 0.535 Cents Per Mile
(Complete Mileage Data on Page 2) _____
- D. Tolls/Parking/Bridge (Receipts Required For Parking) _____

TOTAL TRANSPORTATION _____

2. SUBSISTENCE ALLOWANCES

In State Out of State

A. Actual Lodging Expenses _____ Days @ _____ Per Day
(Receipts Required Even On PREPAYS) _____

B. **Meal Allowances** - Reimbursements allowed up to maximum.

If individual meal exceeds allowance, itemized receipt and department head approval is required. (Show **ACTUAL** Meal Cost when less than maximum)

Breakfast _____ How Many @ _____ (departure before 7AM)
(Continental breakfast not counted as meal) _____

Lunch _____ How Many @ _____

Dinner _____ How Many @ _____ (arrival home after 7PM)

TOTAL SUBSISTENCE ALLOWANCE _____

3. OTHER EXPENSES

A. Business Calls - show Date, Place, and Party Called

REGISTRATION - Attach Receipt _____

OTHER EXPENSES - Detail _____

TOTAL OTHER _____

TOTAL EXPENSES (Add sections 1, 2, & 3) _____

LESS ADVANCES (If Applicable) _____

TOTAL EXPENSE CLAIM _____

ORG KEY / OBJECT CODE	AMOUNT

Please sign in blue ink

Original Signature of Claimant _____

Approved By _____

Please be sure and fill out this page of the conference claim for reimbursable mileage. The total reimbursable mileage amount will carry forward onto Page 1 of the conference claim

Please do not enter information in any of the green shaded areas as those are calculated fields.

If you need help in completing this form, go to the "**Directions**" worksheet.

PAGE 2 OF CONFERENCE CLAIM

Date	From	To	Specific Purpose or Activity	Miles Driven	Less Commute	Net Reimbursable Miles
TOTAL MILES						