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

NAME: ______________________ DATE: ______________

ADDRESS: ______________________ CITY/ZIP ______________________

POSITION TITLE: ______________________ ASSIGNED HEADQTRS: ______________________

TRAVEL PURPOSE OR CONFERENCE ATTENDED ______________________ LOCATION ______________________

DEPARTURE DATE: __________ LEAVING: __________ RETURN DATE: __________ 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)
      Lunch ____________ How Many @ ____________ (arrival home after 7PM)
      Dinner ____________ How Many @ ____________

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

BF-68 (07/1/08)
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

<table>
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<th>Date</th>
<th>From</th>
<th>To</th>
<th>Specific Purpose or Activity</th>
<th>Miles Driven</th>
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**TOTAL MILES**