

Galt Joint Union Elementary School District

Conference & Travel Expense Reimbursement Claim

After travel has been completed and expense incurred, reimbursement of expenses will be processed through Accounts Payable. All expenses must be submitted on a single, comprehensive claim for each travel event; multiple claims will not be processed for the same travel event. Please list actual expenses by date (*for meals list the Federal per diem rates below*), attach documentation/receipts (*receipts not required for meals*) as needed along with the event flyer and sign the claim certification prior to submission for approval. Original receipts must accompany the reimbursement request. Internet receipts will be accepted provided the purchases are itemized and payment is indicated. If payment is not indicated on receipt, attach a copy of a credit card statement showing the charge.

Employee / Claimant Information:

Name: _____ Site: _____
 Address: _____ City/Zip: _____

Conference / Event Information

Event Title: _____
 Location: _____ Date(s): _____

Statement of Value to District: _____

Instructions:

Out of State Travel : All out of state travel requires the approval of the Governing Board prior to registration.

Event : A copy of the conference / event registration form must accompany this request for reimbursement. The registration form must contain the following information: your name, event title, description of event, location, cost, date(s) and sponsor. Other event information documentation may be required to document whether or not meals are included in the registration fee.

Hotel/Lodging : Reimbursement for overnight stays require a folio from the hotel indicating the establishment name, number of and names of guests, and the dates of stay. Room, tax and incidentals must be detailed on the folio. Room service and in-room wet bar charges must be backed up with an itemized receipt showing no purchase of alcoholic beverages or tobacco products. The folio must clearly itemize daily charges and indicate method of payment.

Meals : Meals may be claimed for those meals not included with the event registration. Reimbursement of meal expense shall be limited to the meal and daily maximums established by the Governing Board Policy 3350. Maximums are inclusive of gratuity; **Breakfast \$13; Lunch \$15.00; Dinner \$26.00; Incidentals \$5.00**.

Airfare : Photocopies of credit card receipt or PAID check, (front and back) WITH the itinerary from travel agent showing flight specifications. On-line air travel receipts will itemize flight dates, time, name of all travelers, carrier, cost and method of payment.

Other: ALL miscellaneous expenses submitted for reimbursement must be supported by an itemized receipt clearly indicating name and address of vendor, details of expense and method of payment. (parking, rideshare - excluding tips, bridge tolls, etc.)

Expense	Date:	Date:	Date:	Date:	Date:	Total
Registration:						-
Lodging:						-
Air Transport:						-
Other:						-

Meals - First Day of Travel: Meal reimbursements on the first day of travel are dependent on when travel occurs. Duration of travel determines which meals are reimbursed.

- Breakfast will be reimbursed for travel that commences at or before 11:00 a.m.
- Lunch will be reimbursed for travel that commences between 11:00 a.m. and 4:00 p.m.
- Dinner will be reimbursed for travel that commences after 4:00 p.m.

Meals - Day(s) of Event: Unless the meal is provided by the event, Breakfast, Lunch and Dinner are reimbursed.

Meals - Last Day of Travel: If event also occurs on last day of travel, meals during the event are reimbursed, unless provided by the event. Additional meal reimbursement may occur during travel time following the same time guidelines as first day of travel.

Breakfast:						-
Lunch:						-
Dinner:						-
Incidentals:						-

Mileage (miles):						-
Mileage rate						
Mileage	-	-	-	-	-	-
Total Expense:	-	-	-	-	-	-
Disallowed:						

Funding:	District (specify): _____	Ed Effectiveness	Less Disallowed: \$	-
	Site Allocation _____ Lottery _____ Title I _____ Special Ed _____		Reimbursement:	-

Certification:

I hereby certify that the above is a correct and true statement of the actual expenses incurred by me in the performance of official duties.

Signatures / Authorizations:

 Employee / Claimant Date

 District Administration Date

 Site/Department Administration Date

 Business Services Administration Date

For District Office Use Only:

Account Code	Budget Amount	Paid Amt	Date Paid	Reference
				Req #
				PO #
				Date: