Victor Valley Union High School District CONFERENCE / TRAVEL EXPENSE REQUEST CLAIM FORM Must be completed 30 days prior to conference date

| Staff Name/Title: | | Date: | | | Site: | |
|---|---------------------|--|--|--------------------------------|---|--------------|
| Destination: | | Conference W | orkshop:_ | | | |
| Departure Date: | // PM) Return Date: | | | (AM | PM) | |
| RATIONALE: | | | | | | |
| | PRE | APPROVED: | | | | |
| Requestor's Signature | Princ | ipal/Supe | rvisor | Date | | |
| Account to be charged: | | | _ Sub Req | uired: Yes | No | |
| Categorical/Ed Services: | CONF# | CONF# SSP Date: | | | | |
| *Asst. Supt./Superintendent: | | | Date: | | | |
| Expenses | | Estimated Costs May not be precise but is sufficient. | Actual Costs To be completed <u>after</u> conference attendance | | | |
| Airfare ☐ CalCard of: | | | | | | |
| Registration Attach Brochure | Req# | | | | | |
| Lodging: # Days: | Req# | | | | | |
| Misc. / Other: | | | | | | |
| Expenses to be claimed by Employee: Lodging, if not prepaid | | | | | | |
| Mileage: Miles x \$0 | | | | | | |
| Use prevailing federal rate & attach map | | | _ | T | T | T = . |
| Meals | | | Date | Breakfast \$ | \$ | Dinner \$ |
| Max \$60 per day x number of Days | | | | \$ | \$ | \$ |
| Tip is maximum 15% of subtotal. No alcohol. Receipts <u>must</u> be itemized to be accepted. | | | | \$ | \$ | \$ |
| neceipts <u>inust</u> be itemized to be accepted. | | | Totals | \$ | \$ | \$ |
| Bus/Taxi Fares: | | | Totals | Y | Y | Y |
| Parking Charges: | | | | | | |
| Misc/Other: Explain: | | | | | | |
| Itemized receipts must be attached for all expense items claimed, plus other items that may have been prepaid by the District and must be submitted within 30 days of return. | | Total Estimated | Total Claimed | | OFFICE USE ONLY Total reimbursed/returned | |
| I CERTIFY THAT THE FOREGOING S ARE TRUE AND CORRECT. | | STATEMENTS | Employe | Employee Signature Date | | |
| | | | Principal | Principal/Supervisor Signature | | Date |
| Board Date | | | Categorical/Ed Services Signature Date | | | |

^{*}Distribution: After signatures document will be scanned and emailed to: Employee / Site / Conference File / AP