

GOLDEN PLAINS UNIFIED SCHOOL DISTRICT

CONFERENCE, WORKSHOP, & MILEAGE EXPENSE CLAIM

- FOR ADVANCE NOTICE ON LODGING/TRANSPORTATION/REGISTRATION ONLY
 CLAIM FOR EMPLOYEE REIMBURSEMENT

Date Required: _____

Vendor: _____

Finance Only

Address (if Check is to be mailed): _____ Pay Voucher #: _____

City: _____ Zip: _____ Vendor #: _____

Date	Destination & Purpose	Number of Miles

**AUTHORIZED MEETINGS, CONFERENCE, OR OUT OF COUNTY TRAVEL
ATTACH AUTHORIZATION/ITEMIZED RECEIPTS REQUIRED**

Total # of Miles	
Mileage Rate	
Total Amount Due	\$

Date	Purpose/Destination	Time Departed	Time Returned	Food	Lodging	Transport.	*Registration	Other	Total
		am	am						
		pm	pm						
		am	am						
		pm	pm						
		am	am						
		pm	pm						
		am	am						
		pm	pm						
		am	am						
		pm	pm						
		am	am						
		pm	pm						

**Registration reimbursement requires a copy of completed registration form and a copy of personal check.*

I HEREBY CERTIFY THAT THE EXPENSES HEREIN LISTED ARE ITEMIZED BY LAW, AND THEY ARE TRUE AND CORRECT AND THAT THEY WERE INCURRED IN THE PERFORMANCE OF MY DUTIES.

I FURTHER CERTIFY THAT WHEN IF ANY MILEAGE WAS INCURRED I HAD AUTOMOBILE LIABILITY AND PROPERTY DAMAGE INCURANCE COVERAGE OF NOT LESS THAT \$1000,000/\$3000,000 (P.L) AND \$25,000 (P.D.)

Expenses	\$
Mileage	\$
TOTAL CLAIM	\$

Code Line	Fund	Resource	-Y-	Goal	Function	Object	Site	Dept.
1.								

Signature of Claimant/Requestor

Approval of Superintendent

Supervisor/Director

(Finance Use – Audited by)