

Victor Valley Union High School District
CONFERENCE / TRAVEL EXPENSE REQUEST CLAIM FORM
 Must be completed **30 days** prior to the conference date and comply with Board Policies.

Cert Class

Staff Name/Title: _____ Mgmt Parent Date: _____ Site: _____

Destination: _____ Conference Workshop: _____

Departure Date: _____ (____ AM ____ PM) Return Date: _____ (____ AM ____ PM)

RATIONALE: _____

PRE APPROVED: _____

Requestor's Signature _____ Date _____ Principal/Supervisor _____ Date _____

Account to be charged: _____ Sub Required

Reviews: Categorical: _____ SSP CONF# _____ LCAP _____ Plan ID# _____

*Asst. Supt./Superintendent: _____ Date: _____

Expenses <i>Estimates must be sufficient, if not precise.</i>	Estimates	Reimbursement After attendance				
Airfare <input type="checkbox"/> CalCard of: <input type="checkbox"/> Credit Card of:						
Registration <i>Attach Brochure</i>	Req#					
Lodging: # of Nights: _____ <i>Must be 75+ miles one way, or 10+ hrs in one day, off site, including travel</i>	Req#					
Mileage: _____ Miles x \$ _____ <i>Use prevailing federal rate. Attach map. Attach flight cost, if ground travel is in lieu of airfare. Only lesser of mileage or airfare can be claimed.</i>		<input type="checkbox"/> Approved Map attached				
Meals: Max \$_____ per day x _____ Days <i>Reimbursement only when event/meal is more than 60 miles from work site, one way. Meals included in registration will not be reimbursed. No alcohol. Tip is maximum 15% of subtotal. Receipts <u>must</u> be original, valid and itemized.</i> <i>Do not share receipts – only one meal per receipt will be refunded; Meal will be chosen by review staff, if not indicated on receipt.</i>		Date	Breakfast	Lunch	Dinner	Totals
			<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> \$80 max
			<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> \$80 max
			<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> \$80 max
Bus/Taxi/Rental Car Fares:						
Parking Charges:						
Misc./Other: <i>No books, software, entertainment</i>						
<i>Itemized receipts must be attached for all expense items claimed, plus other items that may have been prepaid by the District. Submit for reimbursement within 30 days of return.</i>	Total Estimates	Total Reimbursement	Additional Attachments <input type="checkbox"/> Conference Flyer <input type="checkbox"/> Report (Categoricals)		OFFICE USE ONLY <i>Total Reimbursed:</i>	
I CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.	Employee Signature _____ Date _____					
	Principal/Supervisor Signature _____ Date _____					
	Categorical/Ed Services Signature _____ Date _____					
Board Date						

*Distribution: After signatures, document will be scanned and emailed to: Employee / Site / Conference File