PLEASANT HILL SCHOOL DISTRICT NO. 1
36386 Highway 58, Pleasant Hill OR 97455
PHONE: 541 746 9646 FAX: 541 746 2537

EXPENSE CLAIM

IN-SERVICE ACTIVITY MUST HAVE BEEN PRE-APPROVED ON IN-SERVICE APPLICATION

You must **submit the conference agenda** with your expense claim for reimbursement.

Name _____

Activity _____

Date(s) of Activity _____

Point of Origin: ❑ Pleasant Hill ❑ Springfield ❑ Eugene

Departure Date: _____ **Time:** _____

Return Date: _____ **Time:** _____

Registration Fee: **$**_____
Attach receipt or copy of cancelled check

Lodging: **$**_____
Attach receipt or copy of cancelled check

Meals: **$**_____
Per Diem rate = $59/day – adjusted for partial days
This is the most the district will pay. **Attach itemized receipts.** *

Mileage: _____ X $0.625 / mile = **$**_____

Other: **$**_____
Attach receipt or copy of cancelled check

TOTAL EXPENSES: **$**_____
The above expenses are connected with my attendance at this activity.

☐ **Conference Agenda Attached**

CLAIMANT_____ **DATE** _____

SUPERVISOR _____ **DATE** _____

PHill	Spfld	Eug	Destination
56	46	47	Albany
188	180	182	Ashland
128	108	108	Astoria
364	355	359	Baker City
120	110	110	Beaverton
139	128	132	Bend
57	47	43	Corvallis
26	19	21	Cottage Grove
86	76	73	Dallas
147	139	141	Grants Pass
132	122	122	Gresham
184	174	175	Hood River
153	173	173	Klamath Falls
378	372	374	LaGrande
20	13	6	Lane ESD
135	125	125	Lincoln City
103	93	89	McMinnville
175	167	169	Medford
79	69	65	Monmouth
122	114	116	North Bend
367	387	387	OR Border E.
128	118	118	OR Border N.
201	193	196	OR Border S.
330	320	321	Pendleton
123	113	113	Portland
156	143	147	Prineville
138	125	129	Redmond
79	71	74	Roseburg
77	67	67	Salem
185	175	177	Seaside
124	111	115	Sisters
158	137	141	Sunriver
204	194	194	The Dalles

*The district does not pay meal expenses for 1 day events.
There will be no per diem meal reimbursements when meals are provided by the conference.
Rev. 1/21

Meals: **$**_____

Per Diem rate = $59/day – adjusted for partial days

This is the most the district will pay. **Attach itemized receipts.** *

If submitting for meal reimbursement, you'll need to turn in detailed itemized receipts, not just the credit slip. The district only reimburses for actual meal expenses, alcoholic drinks will not be reimbursed. The maximum reimbursement per day is $59.

Your building Principal or Supervisor need to sign your Expense Claim prior to submitting it to the District Office.

SUPERVISOR _____ **DATE** _____

NOTE: Only submit receipts for the items you personally paid for. Do not list items paid for by the district.

QUESTIONS?

Contact Becky Johnson, Accounts Payable Specialist
Phone: (541) 736-0799 or Extension 199
Email: bjohnson@pleasanthill.k12.or.us
Schedule: Monday – Friday, 8:00am – 3:30pm