

PANAMA-BUENA VISTA UNION SCHOOL DISTRICT

4200 Ashe Road
Bakersfield, CA 93313

EXPENSE CLAIM FORM

Name: _____ Site: _____

Name of Conference/Workshop/Activity: _____

Location: _____

Dates attended (inclusive): _____

LODGING: Total lodging expense per hotel invoice \$ _____

Less: Prepaid deposit (paid by District)	\$ (_____)
Less: Non-reimbursable expenses (telephone, movie rental, etc.)	\$ (_____)

Net lodging expense (amount due to claimant) \$ _____

Use Current Per Diem Amounts - NO RECEIPTS NECESSARY

MEALS: Date	Breakfast	Lunch	Dinner	Incidentals	Daily Total
/ /	\$	\$	\$	\$	\$
/ /	\$	\$	\$	\$	\$
/ /	\$	\$	\$	\$	\$
/ /	\$	\$	\$	\$	\$
/ /	\$	\$	\$	\$	\$

Total Meal Expense \$ _____

TRANSPORTATION: _____ miles @ _____ per mile (non-district vehicle) \$ _____

1. Air, Taxi, Bus, Rail, other (circle one)	\$
2. Air, Taxi, Bus, Rail, other	\$
3. Air, Taxi, Bus, Rail, other	\$
4. Air, Taxi, Bus, Rail, other	\$

Total Transportation Expense \$ _____

OTHER EXPENSES: Description of Expense

1.	\$
2.	\$
3.	\$
4.	\$

Total Other Expenses \$ _____

TOTAL EXPENSES CLAIMED \$ _____

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

Employee Signature (Required) _____ Date _____

Approved By: Principal/Dept. Head _____

Budget Classification _____

Approved By: Admin. Spec. Funded Programs _____

Date Paid: _____
Check No: _____
Amount: \$ _____

Approved By: District Administrator _____