

NEWPORT-MESA UNIFIED SCHOOL DISTRICT
Costa Mesa, California
TRAVEL EXPENSE CLAIM

Name of Claimant _____ Travel Approval No. _____

Address _____ Purchase Order _____

Official attendance at _____ Board Approval _____

City _____ Inclusive Dates _____

Expenses Claimed:

		Direct Pay By District	Claimant's Expenses
1. Transportation			
a. Plane, rail, bus (Receipt attached)		\$	
b. Private automobile _____ x _____	(MILEAGE) APPROVED RATE	\$	
Name of persons who accompanied you:			
2. Lodging (Receipted Bill attached)		\$	
3. Registration Fee (Receipt attached)		\$	
4. Meals (List each meal separately below):			
Date Breakfast Lunch Dinner Daily Total			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Total All Meals
		\$	
5. Other Expenses (Describe)	Total Other Expenses	\$	
5.1 _____	Total Expenses	\$	
5.2 _____			
5.3 _____	Amount of Advance	\$	
5.4 _____	Net Underpayment	\$	
	Net Overpayment	\$	
Remarks: _____	GRAND TOTAL ALL EXPENSES	\$	

_____	CLAIMANT'S SIGNATURE		DATE

_____	DIVISION HEAD SIGNATURE		DATE

ACCOUNTING PURPOSES ONLY

(AUDIT)