



## CONFERENCE AND TRAVEL REIMBURSEMENT CLAIM HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

NAME \_\_\_\_\_ REQ. NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ JOB TITLE \_\_\_\_\_

WORK SITE \_\_\_\_\_ MEETING ATTENDED \_\_\_\_\_

MEETING DATES(S) \_\_\_\_\_ MEETING LOCATION \_\_\_\_\_

### REQUESTED REIMBURSEMENT

<b>Registration</b> (if not prepaid, <i>attach receipt</i> verifying registration paid)						\$
<b>Travel</b>	Mileage (Round Trip): _____ miles x .67 ¢ per mile					\$
	Airplane Ticket (if not prepaid, <i>attach e-ticket or ticket</i> )					\$
<b>Date(s)</b>						
<b>Meals</b>	<i>(Itemized receipt required, cannot exceed maximum amount per meal, one itemized receipt per daily meal)</i>					
Breakfast <small>(\$12 Max)</small>						
Lunch <small>(\$15 Max)</small>						
Dinner <small>(\$28 Max)</small>						
Total <small>(\$55 Max)</small>						\$
<b>Lodging</b> <small>(Attach Receipt)</small>						\$
<b>Other Expenses</b> <small>(Receipts Required)</small>	Rental Car	Parking	Gas	Other		
	\$	\$	\$	\$	Total:	\$
<b>Total Reimbursement Claim</b>						\$
LESS: Travel Advance <i>(Attach Receipts for Expenditure of Advance)</i>						\$
Reimbursement Due Employee/District (circle one)						\$
Budget Account To Pay Reimbursement					Amount Paid From Account	
					\$	
					\$	

Approved Form#1058 Attached  
  Itemized Receipts  
  Map Quest (if necessary)  
  Reviewed By : \_\_\_\_\_  
(Site representative who checked for requested items)

I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Hacienda La Puente Unified School District and that each item is a business expenses as defined by the school district and Internal Revenue Service.

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Approval of Claim \_\_\_\_\_ Date \_\_\_\_\_

Business Office Approval \_\_\_\_\_ Date \_\_\_\_\_

**Form #1026 (1/3/2024)**

Conference reimbursements are subject to review before being processed. Reimbursement forms must be submitted within 10 workdays following the conference. Forms not submitted in a timely manner may not be paid and paperwork will be returned to the claimant. Distance traveled will be calculated using Mapquest.com. Whiteout is prohibited on mileage form. Any forms that have whiteout will be returned. An itemized receipt is needed for all meals claimed. An approved Conference Request Form (Form#1058) must be approved prior to any travel/meeting/conference. Only the amounts approved on the Conference Request Form (Form#1058) will be reimbursed. Claims that exceed the approved amount will require administrative approval. Forms missing any required documents will be returned.