

Pasadena Unified School District

Pasadena California

Reimbursable Conference Expense Report

(Original receipts must accompany this request)

_____ Date _____

Name: _____
 Address: _____

School: _____
 Department: _____

Account Number

| | | | | | |
|------|----------|------|----------|--------|----------|
| | | | | 5220 | |
| Fund | Resource | Goal | Function | Object | Location |

Date(s): _____
 Conference: _____
 Address: _____
 Starting Address for mileage calculation: _____

Green Sheet Number: _____
 Approval Date: _____
 P.O. / Requisition Number: _____

| | Date | | | | | | Total |
|--|------|--|--|--|--|--|-------|
| Transportation Via: | | | | | | | |
| Parking | | | | | | | |
| Meal \$40/day - NOT including tax & gratuity | | | | | | | |
| Lodging | | | | | | | |
| Registration Fee | | | | | | | |
| Other (Itemize) | | | | | | | |
| Per Diem Total | | | | | | | |

This is to certify that the above expenses were incurred without any financial profit to me.

 Print Name

 Signature of Claimant

 Date

 Print Name

 Administrator / Supervisor Signature

 Date

8-Nov

Revised: August 2009 aw / vr