

Lone Pine Unified School District

CLAIM FOR REIMBURSEMENT

Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

Time of departure from Lone Pine: \_\_\_\_\_ Time of return to Lone Pine: \_\_\_\_\_

Meal Reimbursement

1. If departure from Lone Pine is before 8:00 a.m., breakfast may be claimed.
2. If departure from Lone Pine is after 8:00 a.m. and the return to Lone Pine is before 6:00 p.m., you may claim lunch only.
3. If departure from Lone Pine is after 8:00 a.m. and you arrive back to Lone Pine after 6:00 p.m., you may claim lunch and dinner.
4. Itemized, dated receipts must accompany all meal expenses. Only in special circumstances will torn off "tabs" be accepted as a claim for meal reimbursement.

DATE	BREAKFAST	LUNCH	DINNER	DAILY TOTAL

TOTAL MEALS: \$ \_\_\_\_\_

Lodging Reimbursement: (Attach original receipt) \$ \_\_\_\_\_

Travel: (Attach original receipts for the following)

Taxi/Shuttle \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Air travel \$ \_\_\_\_\_

Gasoline \$ \_\_\_\_\_

Total Mileage: \_\_\_\_\_ x \_\_\_\_\_ ¢ per mile\* = \$ \_\_\_\_\_

(\*District will enter current IRS mileage rate)

Other necessary expenses (itemize and attach original receipts):

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL REIMBURSEMENT CLAIMED \$ \_\_\_\_\_

I hereby certify that the above statement with receipts and supporting documents represents the actual and necessary expenses paid in connection with my attendance at this conference/workshop/meeting or reason for claim.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Account classification \_\_\_\_\_

Authorized signature of approval \_\_\_\_\_