



VENTURA UNIFIED SCHOOL DISTRICT

TRAVEL EXPENSE CLAIM FORM

INCLUDE A COPY OF YOUR FINAL HOTEL FOLIO WITH YOUR RECEIPTS

FULL NAME		SITE/DEPT		EMPLOYEE ID	
MAILING ADDRESS				PHONE #	
DEPARTURE DATE		& TIME		RETURN DATE	

PURPOSE OF TRIP/REMARKS/DETAILS: Attach documentation and original itemized receipts (attached to full size blank paper for scanning) and submit with claim. A Travel Authorization may be required to be attached for travel related items. *Please no acronyms. Do not leave blank.*

GENERAL EXPENSES PAID BY EMPLOYEE - Per Board Policy, claim is to be submitted within 30 days after return to work.

Airfare Costs		Conference/Registration Fees	
Rental Car Costs		Workshops/Training/Prof. Dev Fees	
Shuttle Costs		Other Transportation Fees	

DAILY EXPENSES

Date MM/DD/YY	Destination/Location	Lodging Cost	Daily Meals			Incidentals	Taxi	Tolls/ Parking	Other Expenses	Total Daily Expenses
			Breakfast	Lunch	Dinner					
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00

Personal Vehicle License (if applicable)		Miles Driven		Mileage Rate		Mileage Expense	0.00
Please include a printed map for Miles Driven						Total Reimbursable Expenses	\$ 0.00

FUNDING

FUNDING SOURCE

EMPLOYEE: I HEREBY CERTIFY that I was authorized to travel and the above is a true statement of the travel expenses incurred by me in accordance with the applicable Ventura Unified School District policies, and that all items shown were for the official business of VUSD. Furthermore, I HEREBY CERTIFY that I will not seek reimbursement for a duplicate claim or from any other source. APPROVER: I am authorized to approve this travel expense claim, as it serves a VUSD business purpose, and I certify that adequate funds are available.

APPLICANT'S SIGNATURE	DATE
APPROVED BY PRINCIPAL/APPROPRIATE ADMINISTRATOR	DATE
APPROVED BY SPECIAL PROJECTS/DEPT. HEAD/SUPERVISOR	DATE
APPROVED BY ACCOUNTING - ACCT#/FUNDING AVAILABILITY	DATE

NOTE: ALL TRAVEL FOR BUSINESS PURPOSES MUST BE APPROVED IN ADVANCE OF TRAVEL TO BE ELIGIBLE FOR REIMBURSEMENT. SUBMIT THE ORIGINAL COPY OF THE FINAL EXPENSE CLAIM FORM AND ALL RECEIPTS TO ACCOUNTS PAYABLE OR FISCAL SERVICES.