

Newark Unified School District

Travel and Conference Expense Claim Form

Important:

Original receipts must be attached for all submitted claims.

This form must be submitted to the Business Office within 14 days from the conclusion of the conference. As of January 1, 2026, the IRS mileage rate for reimbursement is **72.5 cents** per mile driven.

Employee's Name	Site/Department
Name of Conference	
Location	

DATE	REGISTRATION FEE	TRAVEL (specify)	MISC. EXP. (specify)	LODGING	MEALS (no alcohol)
					Breakfast(max \$10)
					Lunch (max \$15)
					Dinner (max \$25)
					Breakfast(max \$10)
					Lunch (max \$15)
					Dinner (max \$25)
					Breakfast(max \$10)
					Lunch (max \$15)
					Dinner (max \$25)
					Breakfast(max \$10)
					Lunch (max \$15)
					Dinner (max \$25)
					Breakfast(max \$10)
					Lunch (max \$15)
					Dinner (max \$25)
Column Totals	\$	\$	\$	\$	\$.

Total Expense Claimed

\$.

Budget Code: _____

(Same code as that on Travel and Conference Request Form)

Employee's Signature	Date
Program Manager's Signature	Date

Please keep one copy for your records and submit the original to the Business Office.