



Dinuba Unified School District
 1327 East El Monte Way
 Dinuba, CA 93618

Personal Expense Claim Form

Name _____

Address _____ City _____, CA Zip _____

School _____ Date of Governing Board Approval _____

Conference Name _____ Business Purpose _____ City of Event _____
Attach conference form to this expense claim i.e. Staff Development, Chaperone Students, etc

USE DISTRICT CREDIT CARD

Registration: Dates Inclusive of Conference _____ - _____ Reg Fees \$ _____ N/A

Meals included in Conference? Yes No

Lodging: No. of Nights _____ amount per Night \$ _____ Total per Lodging \$ _____ N/A
(Attach Lodging receipts to this expense claim)

DISTRICT OFFICE

Meals: \$74 Claimed Meal Costs (no receipts required)

Date _____	Day 1	<input type="checkbox"/> Breakfast \$16	<input type="checkbox"/> Lunch/\$20	<input type="checkbox"/> Dinner /\$38	=\$ _____
Date _____	Day 2	<input type="checkbox"/> Breakfast \$16	<input type="checkbox"/> Lunch/\$20	<input type="checkbox"/> Dinner /\$38	=\$ _____
Date _____	Day 3	<input type="checkbox"/> Breakfast \$16	<input type="checkbox"/> Lunch/\$20	<input type="checkbox"/> Dinner /\$38	=\$ _____
Date _____	Day 4	<input type="checkbox"/> Breakfast \$16	<input type="checkbox"/> Lunch/\$20	<input type="checkbox"/> Dinner /\$38	=\$ _____

Total of Meals Receipts \$ _____
Parking \$ _____

Parking _____
(Attach receipts)

Miscellaneous:

Description _____ Misc \$ _____
 Description _____ Misc \$ _____

(Attach Miscellaneous Receipts to this expense form)

Mileage: _____ X 0.725¢ - Year 2026 (attach a Google/Mapquest Map) **Total Mileage \$ _____**

Account Code: _____ **TOTAL REIMBURSEMENT: \$ _____**

Keep a copy of this form and a copy of your receipts for your files.

The above expenses were actual and necessary in the performance of my official duty. No tips, alcohol, or expenses for a family member or other non-district affiliated person(s) are included in this request. No part of the above claim has been paid by the District or reimbursed by other entities.

I hereby declare under penalty of perjury that the foregoing statements are true and correct.

Dated this _____ day of _____, 20 _____

Employee Signature

Principal/Administrator: _____ Date _____

Director of Business Services: _____ Date _____

Clarification of Meal Reimbursement Procedures

Meals: The Cost of meals shall be reimbursed at the following rate:

Breakfast	\$16.00
Lunch	\$20.00
Dinner	\$38.00

Reimbursements will not be made for tips, guests, or alcoholic beverages or when costs of meal(s) are included in workshop fee or airfare.

1 Meal = Amount spent or maximum per meal rate, whichever is less

2 Meal = Breakfast & Lunch, Amount spent or the maximum reimbursement of \$22.00, whichever is less

= Lunch & Dinner, Amount spent or the maximum reimbursement of \$58.00, whichever is less

Reimbursements will not be made for tips, guests, or alcoholic beverages or when costs of meal(s) are included in workshop fee or airfare, the total per diem allowance is reduced for each meal included according to the rates shown above:

When Travel Begins

Prior to	&	Ends After	These Meals May Be Claimed
6:30 A.M.		9:00 A.M.	Breakfast
6:30 A.M.		2:00 P.M.	Breakfast & Lunch
11:00 A.M.		2:00 P.M.	Lunch
11:00 A.M.		7:00 P.M.	Lunch & Dinner
5:00 P.M.		7:00 P.M.	Dinner
6:30 A.M.		7:00 P.M.	Breakfast/Lunch/Dinner