# 2026-27 CLAIM FOR EXPENSES

**Please submit claim form within 10 days of travel. Complete the following items to avoid return of form:**

- ☐ Original, itemized/detailed receipts
- ☐ Conference/Workshop Agenda (If applicable)
- ☐ Signature of both claimant *and* administrator
- ☐ Purchase Order Number. *If a PO# is not provided, claim will be charged to buliding/deptartment budget.*

Date

Name & Title

Building

PO Number

Name of Conference, Workshop, Meeting or Event. City, State

## Travel, Registration, and Other Expenses

| Item | Amount | Notes |
|---|---|---|
| Registration | | |
| Lodging | | |
| Airfare | | |
| Parking | | |
| Taxi/Shuttle | | |
| Other | | |
| Sub-Total | $ 0.00 | |

**Mileage:** For miles expense please attach google map. 2026-27 Mileage Rate = $.725 per mile

# of Miles Driven _____ Mileage Expense Total $ 0.00

**Meals:** For Meal Expense please show date and attach conference agenda.

| Date | Breakfast | Lunch | Dinner |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | **Total Meals Costs:** | | $ 0.00 |

**Meal Per Diem**

| | |
|---|---|
| Breakfast | $10.00 |
| Lunch | $15.00 |
| Dinner | $20.00 |

*Note: Receipts are not required for Meals Expense reimbursement.*

I hereby certify that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

**Signed (Claimant )** _____ **Date** _____

**Signed (Supervisor)** _____ **Date** _____

**Signed (CFO)** _____ **Date** _____

Total Expenses

$ 0.00