

BAKERSFIELD CITY SCHOOL DISTRICT

Education Center, 1300 Baker Street
Bakersfield, California 93305

Revised January 2026

CLAIM FOR MEETING / CONFERENCE / WORKSHOP

Authorized reimbursement must be approved by the Department Head (Superintendents/School Administrators/Directors) recommending the request (approved Request to Attend Meeting/Conference/Workshop) and **MUST BE ACCOMPANIED BY ALL NECESSARY RECEIPTS BEFORE PAYMENT WILL BE MADE.** The claimant shall submit three NCR copies (retaining the fourth NCR copy) to the appropriate Department Head who will submit the claim to Accounts Payable following review and approval. **THIS FORM MUST BE SUBMITTED EVEN THOUGH AN ADVANCE CHECK OR PURCHASE ORDER HAS BEEN USED TO COVER EXPENSES.**

Read and Follow Guidelines on Reverse Side of Form #30-0-095 Before Completing This Form

Failure to comply with guidelines will result in delay of payment

FORM MUST BE PRINTED ON STORE STOCK NCR FORM #30-0-095

Employee Name _____ School/Department _____

Employee Identification No. _____ Prepared By _____ Extension _____

Name of Meeting/Conference/Workshop _____

Location - City and State _____ Date(s) _____

Date(s) of Expenditure							
Lodging - Hotel/Motel \$190.00 maximum unless approved on Exemption From BCSD Maximum Hotel Room Rate Form							\$ 0.00
Registration Fees							
Transportation (other than private car)							
Transportation (private car) Miles _____ Per Mile 0.725 (IRS mileage allowance)	\$ 0.00						\$ 0.00
Breakfast \$18.00							\$ 0.00
Lunch \$20.00							\$ 0.00
Dinner \$31.00							\$ 0.00
Telephone							\$ 0.00
Parking, Taxi, Limo, etc.							\$ 0.00
Other Expenses							\$ 0.00
Daily Totals	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses by me and that no payment has been received by me on account thereof: Claimant's Signature _____ Date _____ Signature of Department Head/Site Administrator _____ Date _____ Supt. Approval Date _____ Program Title _____ Budget Account Code _____ Component _____					TOTAL OF CLAIM		\$ 0.00
					Less Advance Travel Expenses Check or P.O. No. _____		
					Balance Due CLAIMANT		
					REFUND due District (from unused Advance Monies)		
					DISTRICT CHECK NO.		
					DISTRICT RECEIPT NO.		