

Vista Unified School District
TRAVEL & CONFERENCE REIMBURSEMENT CLAIM

(to be completed after you attend)

Name:								
Current Mailing Address:								
School Site/Dept Address:								
Name of Conference:								
Conference Location:						Dates:		
SAVE ALL ORIGINAL RECEIPTS (they must be attached, itemized and show your payment). If payment does not show on your receipt, also attach a copy of your credit card or bank statement to show proof of payment. Reference AR 3350 or Burst 8 if there are questions								
*MEALS WILL NOT BE REIMBURSED WITHOUT AN OVERNIGHT STAY								
*MEAL REIMBURSEMENTS MAY NOT EXCEED \$57 PER DAY and are ACTUAL costs, not a flat rate.								
*MEAL REIMBURSEMENT RECEIPTS MUST BE FOR INDIVIDUALS ONLY. Attendees should request separate receipts/checks								
*GRATUITY - The District will reimburse gratuities within an allowable cost per meal, up to 15 percent of the pre-tax bill. In the event that a mandatory gratuity is included by the restaurant, the District will reimburse up to 18 percent of the pre-tax bill. Gratuity reimbursements are included in the daily maximum rate for reimbursement. Gratuity will be reimbursed for meals only.								
*ALCOHOLIC BEVERAGES - NO PUBLIC FUNDS MAY BE USED TO PURCHASE ALCOHOLIC BEVERAGES. -If alcohol is on the receipt, deduct that portion along with any applicable taxes.								
*MILEAGE REIMBURSEMENTS MUST INCLUDE A MAPQUEST PRINTOUT showing the route taken and total miles from the site you work at to the event - then double the miles for round trips.								
MEAL DATE(S):								
	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL MEALS
Daily Receipts (Daily Max \$57)								
Registration \$:				Lodging:				
Mileage:	_____ x.76 cents			Parking/Taxi:				
Airfare \$:				Other \$:				
					Total Claim for Reimbursement:			
					(If not claiming anything put zero above)			
Claimant Signature:						Date:		
Administrator Signature:						Date:		
FOR OFFICE USE ONLY:						Burst 8	AR 3350	
Account #:						Registration PO#:		