

BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL

TRAVEL REIMBURSEMENT FORM

July 1, 2026 - December 31, 2026

Staple Receipts to

Back of this Corner

Claim of: _____

Date of Claim: _____

Home Address: _____

Account No.: _____

City/Zip: _____

Dept: _____

Date	Destination & Purpose	Cost per Day - Meals ***				Hotel *	Transportation			Registration	Parking, Taxi, Phone, Other	Total per Day
					Total Meals		Public Carrier/Airfare **	Personal Car @ \$.76 /mi				
		B***	L***	D***				Miles	Amount (\$)	(Explain)**		
					-				-			-
					-				-			-
					-				-			-
					-				-			-
					-				-			-
					-				-			-
					-				-			-
					-				-			-

Expense amount includes the following people:

TOTAL EXPENSE: _____ \$ -

Total due Claimant/or Attached Check _____ \$ -

I hereby certify that this claim meets the provisions of Education code Sections 35172 and 35173 for board members or Education Code Section 44032 for employees and is for actual and necessary expenses. The supporting receipts and documents are on file in the Business Office and available for review. Funds expended do not exceed the amount budgeted for such purposes by the Governing Board.

Funds expended do not include costs for any alcoholic beverages.

** Original receipts must be attached

*** Original, *Itemized* Receipts & Explanation required.

The following are maximum reimbursable amounts for individual meals when traveling out of the area for work:

Breakfast: \$ 15.00
Lunch: \$ 20.00
Dinner: \$ 35.00
\$ 70.00

Documentation must be attached for travel distance miles outside of BCCHS based on shortest distance (i.e., Mapquest).

Business Office Notes:

Signed: _____
Claimant Date

Signed: _____
Administrator Date

Approved: _____
CBO Date



Birmingham Community Charter High School
Accounting Policies & Procedures

Travel & Expense Vouchers

Conferences and related travel costs if applicable must be approved in advance by your Administrator, CBO, and Principal through the "Preapproval Request Travel Form".

Once the Pre-approval Form is approved, a purchase order request (PO2W) should be entered in BEST for the conference registration fee and include the agenda, flyer, etc., as backup. A separate PO should be entered for lodging and airfare, if applicable, using the following parameters:

The maximum allowance for lodging should be \$250 for in-state and \$350 for out-of-state (pre-tax). If you are unable to secure a room for under the limit, the price must be pre-approved by your Administrator, CBO, and Principal before booking the room.

In-state airfare should be \$300 roundtrip per person before tax (not including baggage) or up to \$500 roundtrip for out-of-state. BCCHS will reimburse for 1 bag each way for travel that is 3 days or longer.

For submitting the Travel Reimbursement Form:

Original, itemized receipts must be attached. Credit card statements or photos/copies of receipts are not acceptable.

Travel & hotel rates should be requested at government discounts.

Reimbursement of alcoholic beverages is prohibited at all times.

Reimbursements are for BCCHS employees only.

All meal and hotel receipts must be itemized to reflect actual purchases.

Reimbursements are not made for any additional items/services through the hotel, other than the actual room and tax. Any room service would be considered as meals, capped at the rates noted below.

Meals are reimbursed at a cap per meal based on the current rates below, as long as the conference does not provide a meal.

Current Rates:

Breakfast	\$15.00
Lunch	\$20.00
Dinner	\$35.00

PER DIEM \$70.00

UPDATE:
Uber/Lyft/Taxi to non-conference provided dining is **not** reimbursable.

All travel reimbursement forms must be signed by the Employee, their Admin, and the CBO, and include a budget account number. Any expenses charged to categorical accounts must be appropriate within the grant guidelines.

Travel Reimbursement Forms should be completed and sent to Accounts Payable in the Business Office **within 10 days** of purchase/return from travel.