ISD #318 - Travel Expense Claim for Special Trips

Form C-3
Revised 9/1/26

Name	Home Address: City, State and Zip Code	Instructions: This form is to be used by District #318 employees who have been authorized to claim reimbursement for travel expense for out-of-district trips. You must have prior approval by Form SRA/SD-1 (School Related Absence/Staff Development-1) and you must attach that form to this claim in order to receive reimbursement. Attach receipts for **OTHER EXPENSES.** Submit this claim to your Principal or Department Supervisor.
Destination	Name of Workshop, Meeting, Conference, etc.	
	Meeting Start Time: a.m. ☐ p.m. ☐ Meeting End Time: a.m. ☐ p.m. ☐	Did you spend the night? Yes ☐ No ☐

Date of Expense	Automobile Travel			Meals **Itemized receipts **REQUIRED** for reimbursement up to Standard Rate**			Other Expenses Lodging, Registration Fee, Parking, etc. **Receipts Must be Attached.**	
	From	To	Mileage	Breakfast **$16.00**	Lunch **$19.00**	Dinner **$28.00**	Cost	Description
		Totals	0.0	0.00	0.00	0.00	0.00	

Summary Totals:

Total Mileage 0.0 X Rate per Mile 0.760 = Mileage 0.00

Meals 0.00

Other Expenses 0.00

Less Advance

Total Due 0.00

(If Negative, Money Returned)

Code	Amount
Total	0.00

I declare under penalties of law that this claim is just and correct and that no part of it has been paid previoulsy except for any advance that may be shown on this claim.

Signature of District Employee Date	Signature of Principal or Department Supervisor Date	Administrative Approval Date