

East Side Union High School District  
TRAVEL/ CONFERENCE APPROVAL AND EXPENSE CLAIM FORM

Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

Home Address: \_\_\_\_\_

Conference Title: \_\_\_\_\_

Conference Location/Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

TRAVEL DATES: From: \_\_\_\_\_ To: \_\_\_\_\_

Departing: \_\_\_\_\_ Time: \_\_\_\_\_ Returning: \_\_\_\_\_ Time: \_\_\_\_\_

ACCOUNT # TO BE CHARGED: \_\_\_\_\_

Estimated Conference Expenses	(Indicate date: e.g. 4/14)						
	Su	Mo	Tu	We	Th	Fr	Sa
Breakfast							
Lunch							
Dinner							
Total Meal Allowance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Conf./Conv. Registration							
Lodging							
Airline Fare							
Mileage _____ miles @ _____/mi.							
Car Rental, Taxi, Shuttle							
Parking							
Telephone (Buan. use ONLY)							
Bridge Toll							
District Substitute Cost							
Misc/Other							
TOTAL ESTIM. EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Signature: Employee \_\_\_\_\_ Date \_\_\_\_\_

APPROVAL: \_\_\_\_\_ Date \_\_\_\_\_

Signature: Administrator \_\_\_\_\_ Date \_\_\_\_\_

Signature: Comp Ed Adm'n. (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Signature: Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_

Actual Conference Expenses	(Indicate date: e.g. 4/14)						
	Su	Mo	Tu	We	Th	Fr	Sa
Breakfast							
Lunch							
Dinner							
Total Meal Allowance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Conf./Conv. Registration							
Lodging							
Airline Fare							
Mileage _____ miles @ _____/mi.							
Car Rental, Taxi, Shuttle							
Parking							
Telephone (Buan. use ONLY)							
Bridge Toll							
District Substitute Cost							
Misc/Other							
TOTAL ACTUAL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**SUMMARY OF ACTUAL EXPENSES:**

Total Actual Expenses \_\_\_\_\_ \$ -

Less: Total Purchase Order \$Amounts (Receipts Required)

Registration \_\_\_\_\_ P.O.# \_\_\_\_\_

Lodging \_\_\_\_\_ P.O.# \_\_\_\_\_

Airfare \_\_\_\_\_ P.O.# \_\_\_\_\_

Cash Advanced \_\_\_\_\_

District Credit Card (Receipts Required) \_\_\_\_\_

District Substitute Cost \_\_\_\_\_

**NET REIMBURSEMENT/ (DUE DISTRICT)** \_\_\_\_\_ \$ -

Signature: Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature: Administrator \_\_\_\_\_ Date \_\_\_\_\_

Signature: Comp Ed Adm'n. (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Signature: Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_