



# EAST SIDE UNION HIGH SCHOOL DISTRICT

## Travel/Conference Approval and Expense Claim Form

Standard business procedures apply. Refer to [Administrative Regulation \(AR\) 3350 for procedures](#) and [AR 3350 E\(B\) Exhibit B for Affidavit of Receipt Lost, Missing or Not Provided](#). Travel reimbursements for meals is subject to a maximum allowance determined by the General Services Administration (GSA) allowable rates, which is located at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem).

Name: _____		Work Location: _____		<b>Actual Conference Expenses</b>		(Indicate date: e.g. 4/14)						
Home Address: _____		Conference Title: _____				Su	Mo	Tu	We	Th	Fr	Sa
Conference Location/Destination: _____		Purpose: _____		no meal receipts required	Breakfast							
TRAVEL DATES: From: _____ TO: _____		Departing: _____ Time: _____ Returning: _____ Time: _____			Lunch							
Dinner					Dinner							
<b>ACCOUNT # TO BE CHARGED:</b> _____					<b>Total Meal Allowance</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated Conference Expenses		(Indicate date: e.g. 4/14)			Conf./Conv. Registration							
Su	Mo	Tu	We		Th	Fr	Sa	Lodging				
Breakfast								Airline Fare				
Lunch								Mileage _____ miles @ _____ /mi.				
Dinner								Car Rental, Taxi, Shuttle				
<b>Total Meal Allowance</b>		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Conf./Conv. Registration							Parking					
Lodging							Telephone (Busn. use ONLY)					
Airline Fare							Bridge Toll					
Mileage _____ miles @ _____ /mi.							District Substitute Cost					
Car Rental, Taxi, Shuttle							Misc/Other					
Parking							<b>TOTAL ACTUAL EXPENSES</b>		\$ -	\$ -	\$ -	
Telephone (Busn. use ONLY)												
Bridge Toll												
District Substitute Cost												
Misc/Other												
<b>TOTAL ESTIM. EXPENSES</b>		\$ -	\$ -	\$ -	\$ -	\$ -						
		<b>TOTAL ESTIM. EXPENSES:</b>										
Signature: Employee _____ Date _____												
APPROVAL:												
Signature: Administrator _____ Date _____												
Signature: Comp Ed Admin. (if applicable) _____ Date _____		Signature: Superintendent/Designee _____ Date _____										

**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	_____
<b>NET REIMBURSEMENT/(DUE DISTRICT)</b>	<b>\$ _____</b>

Signature: Employee _____ Date _____	Signature: Comp Ed Admin. (if applicable) _____ Date _____
Signature: Administrator _____ Date _____	Signature: Superintendent/Designee _____ Date _____