

Date: _____

Site: _____

Employee Name: _____

Phone: _____

Home Address: _____

TRAVEL/CONFERENCE EXPENSES

Attach conference/workshop flyer, original receipts, itemized bills and registration confirmation

DATE	CONFERENCE TITLE AND DESTINATION:	AMOUNT
	Registration:	
	Transportation:	
	Accommodations:	
	Other Related Expenses:	

MEALS (Per Diem - Rate from Principal's Administrative Assistant or Finance Technician)

DATE				AMOUNT
	Breakfast	No. of Days	Rate	
	Lunch	No. of Days	Rate	
	Dinner	No. of Days	Rate	

MILEAGE (Attach map)

Number of Miles traveled	Rate (Effective July 1, 2023)	AMOUNT

NON TRAVEL/CONFERENCE EXPENSES

Attach original receipts. For meeting expenses, attach an agenda and sign-in sheet or list of attendees.

DATE	DESCRIPTION	FUNDING SOURCE	AMOUNT

Funding Source for Travel/Conference/Meals/Mileage Expenses:

Total

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SACS: _____

SACS: _____

This is to certify that the above designated expenses represent actual and necessary traveling expenses incurred while on official District business and with proper approval.

 Signed: _____
Employee

Date

 Signed: _____
Primary Authorizing Agent/Date

 Signed: _____
Secondary Authorizing Agent/Date

 Signed: _____
Chief Business Official, Business Services/Date

Budget Check: _____