

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	MEALS (Per Diem - Rate from Principal's Administrative Assistant or Finance Technician)			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 January 1,2025)	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: \_\_\_\_\_