



Travel Reimbursement Claim Form

Employee Information				Travel Information			
Name:				Conference or Activity:			
Address:				Location:	California Out of State		
City:				Departure Date:		Departure Time:	
State:		Zip:		Return Date:		Return Time:	

Before Travel: All travel requires a pre-approval by your supervisor/administrator for estimated expenses.

After Travel: Detailed original receipts must be attached for all expenses. Mileage reimbursements must include a **Google** map verifying miles traveled. Items to Note: Tips are an allowable meal expense and shall not exceed 20% of the total bill. Alcohol is not allowable and should not appear on the receipt. Reimbursements for registrations paid by personal check or credit card require one of the following proofs of payment: a receipt from conference administration, and/or the front and back copy of cancelled check, and/or copy of credit card statement showing charge. Claims must be submitted within 20 days of travel.

Please note: All Out of State travel request requires Executive Cabinet approval prior to travel arrangements and/or registrations being processed.

Item	Estimated Totals	Date of Travel Expense						Category Subtotals
	Requires Pre-Approval							
Breakfast Maximum Allowance \$10								
Lunch Maximum Allowance \$15								
Dinner Maximum Allowance \$25								
Conference Registration								
Lodging <i>(Reasonable Room and Tax only)</i>								
Airfare								
Ground Transportation <i>(Taxi or Shuttle)</i>								
Parking								
Mileage <i>(Mileage x \$0.545 current IRS rate)</i>								
Rental Car								
Other <i>(Please specify)</i>								
Daily Subtotals								
Expenditure Pre-Approval: <i>(Supervisor Signature)</i>				Date:		Final Claim Total		

I CERTIFY THAT THIS IS A TRUE AND CORRECT CLAIM FOR EXPENSES INCURRED WHILE CONDUCTING OFFICIAL BUSINESS ON BEHALF OF MORGAN HILL UNIFIED SCHOOL DISTRICT.

Claimant's Signature	Supervisor/Administrator Signature
_____	_____

Account Code	Date
_____	_____