

Vendor # _____

**PETALUMA CITY SCHOOLS
EMPLOYEE TRAVEL AND CONFERENCE REIMBURSEMENT FORM**

EMPLOYEE NAME: _____

SCHOOL/DEPARTMENT: _____

PRINT NAME

DESTINATION: _____

CONFERENCE/ACTIVITY: _____

DATE OF TRIP: _____

TRAVEL BUDGET CODE: _____

EXPENDITURES - UPON COMPLETION OF TRIP									FOR ACCOUNTING USE ONLY		
DATES:		SUN	MON	TUES	WED	THURS	FRI	SAT	AMOUNT SPENT	AMOUNT ALLOWED	
MEALS (ACTUAL COST)	BREAKFAST (\$13)										
	LUNCH (\$15)										
	DINNER (\$26)										
AIRFARE											
LODGING											
CAR RENTAL											
TAXI, BUS, SHUTTLE											
PARKING/BRIDGE TOLLS											
REGISTRATION											
OTHER (Specify):											
MILEAGE:		0.00	0.655								
Miles Traveled:		X	Rate per mile: 0.655 (as of 1/1/2023)				Total	=	\$	-	
Sub Total											
TOTAL REIMBURSEMENT									\$	\$	

I certify that the above expenses were incurred in performance of official school business and that no other claim is being made for the above.

SIGNATURE OF CLAIMANT

APPROVED BY PRINCIPAL/SUPERVISOR (POST-TRIP)

CLAIMANT ADDRESS

CBO/DIRECTOR OF BUDGET & ACCOUNTING

*STATE AND FEDERAL PROGRAMS INFORMATION ONLY
This request is found in the school plan in the _____ component of the SPSA.

- NOTE:**
- 1) A copy of the Travel and Conference Application Form **must** be attached.
 - 2) Original **detailed** receipts must be attached.