White - A/P File Copy
Canary - Employee

SALINAS UNION HIGH SCHOOL DISTRICT

CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES

Claimant _____ **Date** _____

Work Site or Address _____

Indicate where reimbursement check is to be returned or mailed.

						Miscellaneous	
Date	**Location**	**Reason**	**Mileage**	**Lodging**	**Meals**	**Expense**	**Explanation**
	The conference brochure/flyer with registration breakdown must be attached to claim. If registration fees include meals, claimant cannot double claim.						
		Total Miles =					
		Mileage Computation Miles_____ X Rate_____ =	$	$	$	$	

FUND	RESOURCE	PY	GOAL	FUNCTION	OBJECT	SUB OBJECT	SITE	LOCAL	MANAGER	TOTAL AMOUNT

I hereby certify this claim is a true statement of actual and necessary expenses incurred in performance of District business.

CLAIMANT _____ DATE _____ APPROVED BY _____ DATE _____

Please staple one copy of all backup to claim. See back of claim for description of required backup.

HSD 36 (7/15)