



Greenfield Union School District TRAVEL REIMBURSEMENT CLAIM

Form 405

DATE	DESTINATION	PURPOSE	FARE / MILEAGE <small>(\$ 56¢ per mile)</small>	REGISTRATION FEES	LODGING CHARGING	*MEALS <small>(Max \$60/day)</small>	MISCELLANEOUS	DAILY TOTAL
GRAND TOTAL								\$

INSTRUCTIONS:

In order to process your request, the following items **MUST** be submitted with your reimbursement.

1. A copy of conference brochure or registration form.
2. Original **ITEMIZED** receipts taped in chronological order to an 8.5" x 11" sized paper (for lodging, transportation fares, registration fees and parking)
3. Evidence of mileage (i.e. MapQuest or Google Maps printout)

<u>FUND</u>	<u>RESC</u>	<u>Y</u>	<u>GOAL</u>	<u>FUNC</u>	<u>OBJT</u>	<u>SO</u>	<u>LOC (Site)</u>	<u>1111</u>	<u>MGMT</u>
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<p style="text-align: center;">Attach ORIGINAL receipts and flyers to support the above. *Meals are reimbursed only for travel outside of Monterey County. This maximum is reduced if meals are provided as part of the registration. BREAKFAST \$15.00; LUNCH \$20.00; DINNER \$25.00; TOTAL \$60.00</p>	<p style="text-align: center;">The following items are excluded from authorized expenses and MUST NOT be included in this claim: Alcoholic beverages, mileage cost in excess of air coach fare, personal services, entertainment, gifts, long-distance phone charges that are not related to school business, expenses for non-employees.</p>
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Employee Name (Print Name): _____
 Telephone Number: _____
 Site of Delivery for Check Reimbursement: _____

The above itemized expenses were incurred while conducting official district Business or for attending authorized meetings. I hereby certify that the above is a true and correct statement of my actual and necessary expenses incurred while on official business for the school district.

Signature of Employee: _____ Date: _____
 Approved: _____ Date: _____
Director / Supervisor / Coordinator

Approved: _____
Asst. Superintendent, Educational Services Date

Approved: _____
Fiscal Services Department Date

Approved: _____
Superintendent or Designee Date

Processed: _____
Accounts Payable Date