

West Contra Costa Unified School District

Travel/Conference Expense Claim Form #EC1

Registration PR/PO	
Transportation PR/PO	
Lodging PR/PO	
Reimbursement PR/PO	

COMPLETE & SUBMIT WITHIN 15 WORKING DAYS AFTER YOUR RETURN FROM CONFERENCE

Name	Work Location	Phone
Mailing Address	City	Zip
Conference Name	Date	Location
		State

Itemized Expenses Paid by Employee - List Date Next to Day (e.g. Sun: 7/14)

Maximum Allowable Amount may include the customary gratuity not to exceed 18%

No Receipts Required		Sun:	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:
Breakfast	First day of travel, at or prior to 6 AM Last day of travel, at or after 9 AM	\$15.00						
Lunch	First day of travel, at or prior to 11 AM Last day of travel, at or after 11 AM	\$20.00						
Dinner	First day of travel, at or prior to 4 PM Last day of travel, at or after 7 PM	\$36.00						
Not to Exceed in a 24 hour period		\$71.00	You will not be reimbursed for meals included in the cost of your registration.					
No Receipts Required		Sun:	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:
Bridge Toll								
# of miles/day @ \$0.545 =								
Original Receipts Required		Sun:	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:
Telephone/Fax/Internet Access								
Parking (No receipt required if under \$7.00)								
Car Rental								
Taxi/Shuttle Service								
Lodging paid by employee								
Registration paid by Employee								
Transportation (Airfare) paid by Employee								
Miscellaneous Purchases								
Totals								

Budget Code(s) to be charged if no PO is created	
Account Code	Amount
_____	_____
_____	_____
_____	_____
fund-resource-object-site-goal-function-manager-project year-program	
_____	_____
Fund Manager's Signature (Required if using categorical funding)	Date

Total Itemized Expenses	
Less Cash Advance	
Net Reimbursement Requested	
Amount Approval on "Travel" Form	

I here by certify that:

1. I departed at (time) _____ on (date) _____ and returned at (time) _____ on (date) _____.
2. The above information is accurate accounting of my incurred expenses while in travel status.
3. The expenses claimed above are not reimbursable to me or to WCCUSD from any other source.
4. I have attached all required **Original itemized** receipts and conference flyers.

Employee Signature: _____ Date _____

Authorizing Signature: _____ Date _____

Superintendent Signature: _____ Date _____
(Required for Out-of-State travel)