



PERRIS UNION HIGH SCHOOL DISTRICT

2018 CONFERENCE/WORKSHOP EXPENSE CLAIM

Employee Name: _____ Employee #: _____ Site/Department: _____

Employee Address: _____ Name of Conference: _____

Location of Conference: _____ Dates Attended: _____

Funding Line to be Charged:

FUND	SCHOOL	RESOURCE	PY	GOAL	FUNCTION	OBJECT
						5200

Date	Breakdown of Meals (NO SNACKS)			Air Travel	Public Transport Taxi/Shuttle	Parking	Lodging	Other *	Total for Day	* Explanation of Expense in "Other" Column
	Breakfast \$10.00 Maximum	Lunch \$15.00 Maximum	Dinner \$25.00 Maximum							
Personal Auto Mileage:					x Current Mileage Rate:		.545		\$ -	
TOTAL EXPENSES									\$ -	

- A copy of your **approved** Conference/Workshop Request form must be attached for claim to be processed
- Only list expenses you incurred
- Do not list expenses paid by PUHSD for hotels, registration, etc.
- Attach **original** and **itemized** receipts or claim amount WILL be adjusted
- Tips are limited to 15% of the bill and alcohol is not reimbursed
- Any meals provided at the conference will reduce daily allowance
- If claiming receipts for more than 1 person, list the names in the "Explanation" column
- Submit form within 30 days upon return from conference
- Allow 3 weeks for payment to be processed and mailed

I hereby certify that the above expenditures were actual and necessary for this Conference/Workshop and they were incurred by me on authorized school district business.

Employee Signature: _____

Approved for Payment: _____ Date _____
Site/Department Administrator

Accounting Use Only	
Approved for Payment	Vendor # _____
Date _____	Claim # _____
	Date Paid: _____