



# PERRIS UNION HIGH SCHOOL DISTRICT

## 2017 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							
<b>Personal Auto Mileage:</b>				<b>x Current Mileage Rate:</b>		.535			\$ -	
<b>TOTAL EXPENSES</b>									<b>\$ -</b>	

- 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  _____ Date	Vendor # _____  Claim # _____  Date Paid: _____