



# PERRIS UNION HIGH SCHOOL DISTRICT

## 2019 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<br>\$10.00<br>Maximum | Lunch<br>\$15.00<br>Maximum | Dinner<br>\$25.00<br>Maximum |                                |                               |         |         |         |               |  |
|                               |                                 |                             |                              |                                |                               |         |         |         |               |  |
|                               |                                 |                             |                              |                                |                               |         |         |         |               |  |
|                               |                                 |                             |                              |                                |                               |         |         |         |               |  |
|                               |                                 |                             |                              |                                |                               |         |         |         |               |  |
|                               |                                 |                             |                              |                                |                               |         |         |         |               |  |
|                               |                                 |                             |                              |                                |                               |         |         |         |               |  |
|                               |                                 |                             |                              |                                |                               |         |         |         |               |  |
| <b>Personal Auto Mileage:</b> |                                 |                             |                              | <b>x Current Mileage Rate:</b> |                               | .58     |         | \$ -    |               |  |
| <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<br><br>_____<br>Date | Vendor # _____<br><br>Claim # _____<br><br>Date Paid: _____ |