

# Corcoran Unified School District Expense/Travel Claim Form

**Print Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Travel Claims:** All meals and mileage will be paid at the current I.R.S. rate. **Overnight travel must be pre-approved by the Board of Trustees.** For conferences/meetings, a copy of the flyer/registration form must be attached. Expense claims must be submitted within 60 days of occurrence. All criteria must be met in order for claim to be paid. Denied claims may be resubmitted when complete.

**Location:** \_\_\_\_\_ **Purpose of Travel:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Board Approval Date:** \_\_\_\_\_

| Date | Breakfast | Lunch | Dinner | Total |
|------|-----------|-------|--------|-------|
|      |           |       |        |       |
|      |           |       |        |       |
|      |           |       |        |       |
|      |           |       |        |       |

| Date | Lodging – attach original receipt | Total |
|------|-----------------------------------|-------|
|      |                                   |       |
|      |                                   |       |
|      |                                   |       |

**Personal Mileage (round trip)** \_\_\_\_\_ **(# miles) @** \_\_\_\_\_ **\$** \_\_\_\_\_

**Miscellaneous Expenses:** Attach itemized **original** receipts. Prior approval from the District Office must be obtained before any purchase is made.

| Date | Store/purpose/item | Total |
|------|--------------------|-------|
|      |                    |       |
|      |                    |       |
|      |                    |       |
|      |                    |       |
|      |                    |       |

**Total Claim:** \_\_\_\_\_

Account: \_\_\_\_\_ Fund - resource - year - goal - function - object - site - \$ \_\_\_\_\_ total

Account: \_\_\_\_\_ Fund - resource - year - goal - function - object - site - \$ \_\_\_\_\_ total

**Signature:** \_\_\_\_\_ **Approved By :** \_\_\_\_\_