

CLAIM - BUSINESS AND TRAVEL EXPENSE

GROSSMONT UNION HIGH SCHOOL DISTRICT

CONFERENCE TITLE:	EMPLOYEE VENDOR NO. E -
CONFERENCE LOCATION:	TRAVEL REQUEST NO. T -
TRAVEL DATES:	DATE PREPARED
NAME OF APPLICANT (PLEASE PRINT)	PRINCIPAL / DEPARTMENT DIRECTOR APPROVAL <hr style="width: 80%; margin: 0 auto;"/> SIGNATURE DATE
SCHOOL / DEPARTMENT / LOCATION	

BUDGET CLASSIFICATION NUMBER(S)

_____ - _____ - _____ - _____ - **5210** - _____ - _____ - _____ - _____ \$ _____

_____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ \$ _____

TRAVEL REIMBURSEMENT EXPENSES
Please read instructions on back before completing claim form

ITEM	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
CONFERENCE REGISTRATION FEES								
TRANSPORTATION - Air / Train / Rental Car								
LODGING								
MEALS - Breakfast / Lunch / Dinner <small>(Actual not to exceed the current daily rate)</small>								
PERSONAL CAR USE - CLAIMING _____ MILES <small>(At Current Rate)</small>								
SHUTTLE / TAXI FARE								
PARKING / TOLLS								
INCIDENTALS - Telephone / Non-Meal Tips								

EXPLANATION OF INCIDENTALS (Be Specific)

_____ EMPLOYEE SIGNATURE DATE	TOTAL TRAVEL EXPENSE	
	TRAVEL FUNDS ADVANCED, IF ANY	
	NET AMOUNT OF CLAIM / REFUND	