



MADERA UNIFIED SCHOOL DISTRICT
TRAVEL REQUEST AND REIMBURSEMENT CLAIM

OUT OF STATE
TRAVEL REQUIRES
BOARD APPROVAL

ALL conference attendance must be approved in advance by your
Department/Site Administrator AND Associate Superintendent

NAME: Position: Site/Department:

Conference/Activity: Date(s): (from) (to)

YOU MUST ATTACH A COPY OF YOUR COMPLETED REGISTRATION FORM TO THIS REQUEST

Location: (city) (state) (county)

ESTIMATED COSTS

Current reimbursable mileage rates can be found at www.gsa.gov

Cost of substitute: daily rate x #days
Personal miles x current rate
Hotel daily rate (include hotel tax) \$ x # days
Conference registration fee
Is registration being paid by Purchase Order or Cal Card? YES NO
Parking fees
Other transportation (rental car, airfare, etc.)
Reimbursable meals

TOTAL ESTIMATED COST:

FUNDING SOURCE

ACCOUNT CODE: [grid]

PROGRAM: APPROVAL: COORDINATOR, CATEGORICAL PROGRAMS Date:

APPROVAL

Department/Site Administrator: Date: CAO: Date:

Assistant Superintendent (Ed. Services OR Business & Facilities.): Date:

REIMBURSEMENT REQUEST FOR ACTUAL EXPENSES

COMPLETE & SUBMIT THIS SECTION WITHIN 10 WORKING DAYS AFTER YOUR RETURN FROM CONFERENCE

RECEIPTS ARE REQUIRED FOR HOTEL, CONFERENCE FEES, CAR RENTAL, OTHER TRANSPORTATION & PARKING FEES

Table with 7 columns: DATE, HOTEL, PARKING, *BREAKFAST, *LUNCH, *DINNER, DAILY TOTAL

Conference Registration Fees
Transportation Costs (mileage, car rental, etc.)
Other (parking, taxi, etc.)
TOTAL REIMBURSEMENT REQUESTED:

*If you do not know the per diem rate for meals indicate your request for reimbursement by placing an X in the box.
You will not be reimbursed for meals included in the cost of your registration.

REIMBURSEMENT REQUESTED BY:

Print Name: DATE:

SIGNATURE: Last 4 digits of your Social Security #: XXX - XX -

APPROVED BY:

Department/Site Administrator: (signature) Date approved: