MADERA UNIFIED SCHOOL DISTRICT
TRAVEL REQUEST AND REIMBURSEMENT CLAIM

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

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

Mileage - shall be reimbursed at the IRS standard rate. Mileage claims should not include normal mileage to and from work during working days.

Meal Allowance less than 24 hours shall be reimbursed at the city's per-diem rate and subject to the following time constraints:

- Breakfast may be claimed if travel time began at prior to 6am and terminated at or after 9am
- Lunch may be claimed if travel time began at or prior to 11am and terminated at or after 2pm
- Dinner may be claimed if travel time began at or prior to 4pm and terminated at or after 7pm

Cost of substitute: daily rate _____ x _____ #days …………………………………………………..……_____

Personal miles _____ x _____ current rate…..………………………………………….._____

Hotel daily rate (include hotel tax) $_____ x _____ # days……………………………………………._____

Conference registration fee…….Is this 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:

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PROGRAM: _____   **APPROVAL:** DIR. OF STATE & FEDERAL PROG:_____ Date: _____

APPROVAL

Department/Site Administrator: _____ Date: _____ CFO: _____ Date: _____

Superintendent/Associate or Assistant Superintendent/Executive Director: _____ 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

DATE	HOTEL	PARKING	*BREAKFAST	*LUNCH	*DINNER	DAILY TOTAL

Conference Registration Fees……………………………………………………………………………………….. |

Transportation Costs (mileage, car rentals, etc.)…………………………………………………………………………………. |

Other (parking, taxi, etc.)…………………………………………………………………………………………… |

TOTAL REIMBURSEMENT REQUESTED:………………………………………………………………………….. |

*Itemized receipts are required for Reimbursement.

REIMBURSEMENT REQUESTED BY:

Print Name: _____ DATE: _____

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

APPROVED BY:

Department/Site Administrator: (signature) _____ Date approved: _____