



TRAVEL CLAIM FORM

For Prior Approved Conferences, Seminars and Workshops

(Attach Copy of Prior Approval Form)

Employee Name: _____

Conference: _____

Employee Number: **E** _____

Destination: _____

Work Location: _____

Departure Date: _____

Month/Year: _____

Return Date: _____

REGISTRATION (attach receipts & copy of itinerary/agenda)

\$ _____ 5749

TRAVEL EXPENSE (attach receipts)

Transportation (airfare, train or bus) \$ _____

Lodging \$ _____

Fares (taxi or shuttle) \$ _____

Car Rental \$ _____

Parking \$ _____

TOTAL TRAVEL EXPENSE

\$ _____ 5849

OTHER (attach receipts; list vendor name & description/purpose of items)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

MILEAGE

DATE	FROM	TO	ROUND TRIP MILES
TOTAL MILES			

\$ _____ 5848

PER DIEM ALLOWANCE (No Receipts Necessary)

- 1) *Per diem rates are established by the U.S. General Services Administration. Current rates can be found online at www.gsa.gov. Employees are reimbursed from one of the established per diem rates based on their primary travel destination. The Accounting Department will verify the applicable rate and calculate total per diem owed to the employee.*
- 2) *For meals taken during travel **NOT involving an overnight stay**, enter the amount spent in the **DAY TRAVEL** column; Employees will be reimbursed up to the maximum of the breakfast, lunch, or dinner component of the per diem rate.*
- 3) *For travel **involving an overnight stay**, check the applicable boxes for meals paid for out-of-pocket. Do **NOT** check the boxes for meals included in the conference registration costs. Per diem may **NOT** be claimed for these meals and will be deducted from the per diem allowance.*
- 4) *For first and last days of travel, employees receive 75% of the applicable per diem rate, less any meals included in conference registration costs. Per diem information for an employee's final day of travel should be placed in the **LAST DAY** column.*
- 5) *For each travel claim submitted, a copy of the employee's prior approval and workshop or conference agenda (with meal information) must be attached.*
- 6) *For more information on district travel policies, please refer to District Policy & Regulation 6213 & 6213R.*

DAY TRAVEL	FOR TRAVEL INVOLVING OVERNIGHT STAY							LAST DAY	
	FIRST DAY	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6			
Breakfast (\$16)									
Lunch (\$17)									
Dinner (\$31)									
	75%							75%	
Total Per Diem									\$ _____ 5847

TOTAL REIMBURSEMENT \$ _____

APPROVAL	BUDGET CODE(S)	AMOUNT OR PERCENT
Immediate Supervisor Signature _____ Date _____	_____	_____
Budget Authority Signature _____ Date _____	_____	_____

CERTIFICATION

I hereby certify under penalty of perjury, that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received on account thereof.

Claimant's Signature _____ Date _____