

MT. DIABLO UNIFIED SCHOOL DISTRICT
CONFERENCE EXPENSE CLAIM

*Please submit within 10 days
after expense has been incurred.*

Name _____ Date _____ School _____
 Mailing Address _____ District Position _____
 City _____ Zip _____ Name of Conference/Workshop/Meeting (in full) _____
 If car was used, list passengers: _____

 Location _____ City _____ State _____

District car used? Yes No

| Dates | Auto Mileage | Rate | Amount | *Air, Rail, Bus Fare | Meals | *Lodging | *Registration | Miscellaneous (Itemize) | TOTAL EXPENSES |
|---------------|--------------|------|--------|----------------------|-------------|----------|---------------|-------------------------|----------------|
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| | | | | | B L D | | | | |
| | | | | | B L D | | | | |
| TOTALS | | | | | | | | | \$ _____ |

This is to certify that the above-designated expenses represent actual and necessary traveling expenses incurred while on authorized district business.

Signature _____

Amount

Expenditure Code _____

Expenditure Code _____

Expenditure Code _____

***Receipts MUST be attached. Canceled checks are not acceptable as receipts.**

(See reverse side for instructions for Conference Reimbursement)

Maximum Amount Allowed \$ _____

Less: Registration fee (P.O. # _____
Or Name on Cal Card Charged _____) \$ _____

Less: Advance (Rev. Cash Check # or Hand-
Drawn Check # _____) \$ _____

Amount Due Traveler \$ _____

or
Amount Due District \$ _____

Approved _____
Principal / Director / Supervisor

Approved _____
Superintendent / Assistant Superintendent

(Do not use signature stamps)

INSTRUCTIONS FOR CONFERENCE REIMBURSEMENT

1. The *Authorization for Absence of Certificated/Classified Personnel* form must be approved by the appropriate administrator **BEFORE** conference attendance.
2. Let the appropriate administrator know **IN ADVANCE** if for any reason you will be unable to attend the conference so an alternate may have an opportunity to attend.
3. If you have any questions concerning your request for conference attendance, call the office of the administrator who authorized your attendance.
4. Please submit your Expense Claim **WITHIN 10 DAYS OF YOUR RETURN** to the office of the administrator who authorized your attendance and reimbursement. (Keep a copy for your files.)
5. If a report has been requested, submit it with your Expense Claim.
6. Be sure to indicate "Maximum Amount Allowed" for the conference.

EXPENSE CLAIM INFORMATION

1. **EXPENSE CLAIMS CANNOT BE HONORED UNLESS RECEIPTS ARE ATTACHED.** Receipts are required for overnight accommodations (actual hotel bill), registration fees, bridge tolls, parking, car rental, and transportation other than local taxi and bus fares. Canceled checks **ARE NOT** acceptable in lieu of receipts.
2. Auto: Mileage rate (as of July 2007) is 48.5¢ per mile (total cannot exceed the lowest plane fare). Mileage rate changes annually July 1 based on IRS mileage allowance.
3. Plane: Actual coach fare (tourist, economy, single class).
4. Train, Bus or Car: Actual fare or cost **NOT IN EXCESS** of lowest transportation cost **BETWEEN HOME AND FINAL DESTINATION.**
5. Actual cost of airport bus or limousine service, and reasonable amounts for taxis, parking, and tolls may be included.
6. Meal reimbursement is for the actual cost of each meal up to a maximum reimbursement of \$65.64 per day (2007-08 Fiscal Year). Meals should be listed separately. A tip (not to exceed 15%) can be included in the price of the meal. The daily maximum is changed annually in conjunction with the U.S. Consumer Price Index.
7. Any cash advance received or purchase order issued for any payments authorized by the district **MUST BE INDICATED** on your Expense Claim.
8. **ITEMS NOT REIMBURSABLE** include:
 - Service and handling charges
 - Air travel insurance
 - Membership dues
 - Registration fees for credit courses
 - Personal phone calls and personal services
 - Entertainment
 - Alcoholic beverages
9. If more than one district employee attends a conference in the same automobile, only one person may submit a claim for mileage reimbursement. (Please be sure to list passenger names.)

(Reference Board Rule 4133, 4233, and 4333)