

# SAN LEANDRO UNIFIED SCHOOL DISTRICT

## CONFERENCE EXPENSE CLAIM FORM

**Original claim and original receipts\* are to be submitted. Please retain a copy for your files.** \*Itemized receipts must be obtained for all expenses with the exception of taxis. Meals, parking, bridge toll, hotels, registration, and other transportation require itemized receipts that show proof of payment. Ask for a receipt as you spend money, as it is often impossible to secure them later. Per board policy, all meal receipts that are submitted for reimbursement must be itemized to verify that we are not reimbursing for purchases of alcohol. Enter the expense on the date paid even though it may be for several days, such as hotel bills at the end of your stay.

**Print Name** \_\_\_\_\_ **School or Department** \_\_\_\_\_

**Current Mailing Address** \_\_\_\_\_ *(must be completed)*

**The following expenses were incurred for attending (name of conference):**

\_\_\_\_\_ *(\*Proof of attendance is required)*

**Held in:** \_\_\_\_\_ *(Name of City)*

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ *(Duration)*

Date	Breakfast	Lunch	Dinner	*Transportation and Other Expenses	Hotel Total	Daily Total
					\$	\$
<b>Total Claim</b>					\$	\$

**Budget Number:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved Principal/Dept. Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Services Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_