

PER DIEM EXPENSE CLAIM

Name: _____ Date: _____

Destination: _____

Reason for request: _____

DATE AND ITEMIZATION OF EXPENSES FOR EACH DAY:

Month _____	Dates: _____	_____	_____	_____	_____	_____	TOTALS
Lodging	\$ _____	_____	_____	_____	_____	_____	_____
Registration	\$ _____	_____	_____	_____	_____	_____	_____
Banquet	\$ _____	_____	_____	_____	_____	_____	_____
Breakfast	\$ _____	_____	_____	_____	_____	_____	_____
Lunch	\$ _____	_____	_____	_____	_____	_____	_____
Dinner	\$ _____	_____	_____	_____	_____	_____	\$ -
Misc. Expenses*	\$ _____	_____	_____	_____	_____	_____	_____

*Explain _____

Travel: _____ Miles @ _____ per mile = (\$.56 own vehicle/\$.22 district car) _____

Airfare: _____

TOTAL EXPENSE: _____

SUBTRACT total charged on District credit card: _____

AMOUNT OF EMPLOYEE CLAIM*: _____

*RECEIPTS MUST BE INCLUDED AND ATTACHED FOR ALL EXPENDITURES EXCEPT PER DIEM AND MILEAGE.

Signature: _____ Date: _____

Principal approval: _____ Date: _____

Superintendent approval: _____ Date: _____

Account number: _____

Per Diem reimbursement is \$49.00 a day

Breakfast \$10.00
 Lunch \$15.00
 Dinner \$24.00

Please do not include meals provided by the hotel or conference.