



# Chaffey Joint Union High School District Conference and Convention Reimbursement Form

**Claimant's Personal Information:**

**Conference Information:**

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 School Site: \_\_\_\_\_

Name: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Dates of Conference: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_

EXPENSES:	DATES:						
<b>Hotel:</b> <i>Attach itemized receipts</i>							
<b>Meals:</b> <i>Attach itemized receipts</i>							
<b>Travel:</b> <i>Air/bus/train fare</i>							
<b>Other Expenses:</b> <i>Parking, registration, etc.</i>							
<b>Number of Miles</b>	0	0	0	0	0	0	0
<b>Mileage:</b> <i>miles X mileage rate</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>DAILY TOTAL:</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:**

- Conference Registration and Brochure
  - Itemized Original Receipts
  - Itemized Hotel Bill/ Airfare
  - Meals must not exceed \$60, per day
  - MapQuest for mileage showing from worksite to destination
- Tips must be included in bill and shall not exceed 15% Expenses without receipts may not be reimbursed**

Transient Occupancy Tax Exemption (Fiscal Services 002 Form) must be submitted to hotel at time of check-in

Certification of Single Room Rate (Business Of. 49 Form) must be completed if hotel bill does not state "Single Room Rate" or if rate is not listed on brochure

**UNALLOWABLE EXPENSES:**

- Alcoholic beverages
- Dry Cleaning and Laundry Services
- Internet charges
- Meals without overnight stay
- Movie charges
- Personal phone calls
- Non-conference related charges

**Expenses deemed unallowable will be deducted.**

**TOTAL AMOUNT OF CLAIM:**

\$0.00
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ACCOUNT BREAKDOWN AND APPROVAL	Amount:
Conference Acct. Code: _____	
Mileage Account Code: _____	
Fiscal Services Approval: _____	

2017 IRS Mileage Rate:

.535
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**Fiscal Services Use Only:**

Vendor No.: \_\_\_\_\_  
 Batch No.: \_\_\_\_\_  
 Travel Claim No: \_\_\_\_\_

I certify that the above are actual and necessary travel expenses incurred for school district purposes and are in accordance with California Education Code.

\_\_\_\_\_  
*Signature of Claimant* Date: \_\_\_\_\_

\_\_\_\_\_  
*Principal or Supervisor* Date: \_\_\_\_\_

\_\_\_\_\_  
*Director* Date: \_\_\_\_\_

\_\_\_\_\_  
*Asst. Superintendent* Date: \_\_\_\_\_

\_\_\_\_\_  
*Purchasing Authorized Agent* Date: \_\_\_\_\_