

**THERMALITO UNION SCHOOL DISTRICT
REIMBURSEMENT CLAIM FOR TRAVEL/WORKSHOP EXPENSES**

Date: _____

Employee: _____ Employee ID # _____

Account Code: _____

Organization and Location of Meeting or Conference:

Dates of Departure and Return _____

Actual Expenses: *Original itemized receipts are required for all expenses except mileage.*

Date				
Miles Driven				
Miles x \$ 0.575 =				
Breakfast				
Lunch				
Dinner				
*Transportation				
*Lodging				
*Registration				
*Parking/Tolls				
*Other				
Totals				

Grand Total: _____

Less Advance Received _____

Reimbursement Due Employee _____

or

Amount To Be Returned to District (attach check payable to TUSD) _____

Employee Signature

Approved: _____
Principal/Program Manager/Superintendent

Director of Finance

NOTE: Meals will be reimbursed at the per diem amounts established by the U.S. General Services Administration based on County or City. Forms should be submitted to the Business Office with all supporting documents attached, an approval signature from the program manager, and a budget code assigned. Reimbursement requests or expense reconciliations must be submitted within fourteen (14) following return to the District.

Revised: 01/02/20

Board Approved: 12/13/18