Petaluma City Schools
Travel and Conference Application Form

Employee Name:_____________________________ Date:_______________________________

Title:____ School/Dept:________________________

I understand that after the conference, an Employee Travel and Conference Reimbursement form must be submitted by the end of the month in which travel occurs and that all expenditures must be itemized on that claim, with original receipts attached. Meal reimbursements must be the **itemized copy.** All reimbursements must include a credit card or bank statement showing the purchase. You can redact all other info, but the name and last 4 digits must match the receipt.

Some expenses such as flight insurance, seat upgrades, express lane tolls, and alcohol are non-reimbursable. If you are unsure about an expense, please check with your admin. More:* **BP-3350

Purpose of Travel:____

Destination:____

Date/Time of Departure: ___________________ Date/Time of Return:______________________

ESTIMATED COSTS - See Travel & Conference Checklist for Attachments

Conference;Registration Fee: Self-Paid ☐ Paid by PO ☐ $_________________

Transportation Costs: *This defaults to the cheapest expense. ie: if you choose to drive but a flight is cheaper, you will be reimbursed for the cost of a flight.*
Flight ☐ Auto Mileage RT ☐ $_________________

Overnight Accommodations: __________nights at $____________ $_________________

Meal reimbursements per day - *unless provided by the event*
Breakfast $13 x Days: ____________________________________ $_________________

Lunch $20 x Days: _______________________________________ $_________________

Dinner $26 x Days: ______________________________________ $_________________

Substitute Days Needed:_________ *(full day $200, half day $120)* $_________________

Other Expenses (parking, toll, mileage, etc):
____________________________ $_________________
____________________________ $_________________
____________________________ $_________________

Budget Approval
Initial___________
Date___________

Total: $_________________

BUDGET CODE:____

Employee Signature:____Date:__________________

Principal/Supervisor Signature:______________________________Date:__________________

Chief Business Official Signature:___________________________Date:__________________

(9/25)