Vendor #_____

PETALUMA CITY SCHOOLS
EMPLOYEE TRAVEL AND CONFERENCE REIMBURSEMENT FORM

EMPLOYEE NAME: _____ **SCHOOL/DEPARTMENT:** _____
PRINT NAME

DESTINATION: _____ **CONFERENCE/ACTIVITY:** _____

DATE OF TRIP: _____ **TRAVEL BUDGET CODE:** _____

EXPENDITURES - UPON COMPLETION OF TRIP									*FOR ACCOUNTING USE ONLY*
DATES:									
ITEM:		SUN	MON	TUES	WED	THURS	FRI	SAT	AMOUNT SPENT	AMOUNT ALLOWED
MEALS (ACTUAL COST)	BREAKFAST ($13)									
	LUNCH ($20)									
	DINNER ($26)									
AIRFARE										
LODGING										
CAR RENTAL										
TAXI, BUS, SHUTTLE										
PARKING/BRIDGE TOLLS										
REGISTRATION										
OTHER (Specify):										
MILEAGE:		0.00	0.76							
Miles Traveled:		X	Rate per mile: 0.76 (as of 7/1/26)				Total	=	$ -	
Sub Total										
TOTAL REIMBURSEMENT									$	$

I certify that the above expenses were incurred in performance of official school business and that no other claim is being made for the above.

_____ _____
SIGNATURE OF CLAIMANT **APPROVED BY PRINCIPAL/SUPERVISOR (POST-TRIP)**

_____ _____
CLAIMANT ADDRESS **CBO/DIRECTOR OF BUDGET & ACCOUNTING**

***STATE AND FEDERAL PROGRAMS INFORMATION ONLY**
This request is found in the school plan in the_____component of the SPSA.

NOTE:
1) ***A copy of the Travel and Conference Application Form must be attached.***
2) ***Original detailed receipts must be attached. Mileage: from school/work site or home. Whichever is less.***