Mark Twain Union Elementary School District

EMPLOYEE CONFERENCE/TRAVEL REQUEST & CLAIM FORM

This form must be completed a minimum of two weeks prior to any school-related travel.

- Booking reservations for another individual is difficult at best, please provide as much information as possible to allow District Office staff to successfully and efficiently complete your reservations if you are not able to book your own hotel/airfare
- Mileage is reimbursed at the current IRS Mileage rate for business miles
- Per-Diem for meals will be paid before conference attendance at the approved IRS Rate (some funding sources require receipts for per diem meals, otherwise no receipts needed).

TRAVELER INFORMATION

Name: _____ Date: _____

Site: _____ Email/Phone: _____

TRIP INFORMATION

Conference Title: _____ Conference Sponsor: _____

Conference Location: _____ Conference Date From: _____

Conference Purpose: _____ Conference Date To: _____

ESTIMATED EXPENSES

To reduce check-in difficulties, it is preferred for the employee to book lodging, air fare and/or rental cars and be reimbursed when detailed receipts are available

		Doc Y/N
Registration Cost: _____	Attach Conference Agenda	
Lodging Cost: _____	Attach preferred and alternate hotel information	
Mileage: _____	Attach Map from/to location	
Rental Car Cost: _____	Attach Rental Information	
Air Fare Cost: _____	Attach Flight Information	
Shuttle/Taxi Cost: _____	Attach Receipt	
Tolls/Bridges Cost: _____	Attach Receipt	
Sub Cost ___ Full Day(s) ___ Half Day(s)	Name: _____	
Other/notes: _____		

Meals:		Per Diem			Reimbursement (must provide receipts)			
	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	
Breakfast:								
Lunch:								
Dinner:								
Total Meals:								

Breakfast $10; Lunch $12; Dinner $22 (*high cost areas Breakfast $12; Lunch $14; Dinner $26)

Total Advance Payment		**Total Reimbursement**	

AUTHORIZATIONS

- *Traveler: by signing this form you certify that all expenditures are actual and necessarily incurred in the performance of my official duty and supported by true and proper documentation*
- *Administration: by signing this form you certify that expenditures are within budget, reasonable and necessary for school business*

Traveler: _____ Date: _____

Site Administrator: _____ Date: _____

Superintendent: _____ Date: _____

Director of Business Services: _____ Date: _____