

Los Banos Unified School District
LBTA Travel Claim Form 2022-23

VENDOR NUMBER:

Employee					Site		
Address			City		State	CA	Zip
Conference					Date(s)		
Lodging							
Registration							
Air Fare							
Miles	0	X Rate	\$0.560		TOTAL =		
Note: Map of travel required to claim mileage							

MEALS AND OTHER

DATE	BREAKFAST \$16	LUNCH \$20	DINNER \$32	PARKING	TAXI	MISC.	TOTAL COST

Note: Attach a agenda/itinerary for conferences. Attached google Maps printout for mileage.

Total to be Reimbursed =

REQUIRED SIGNATURES

LBTA Final Approval	
PRINCIPAL	
FINANCE ADMIN	
ACCOUNT CODE #	01-9419-0-5200.00-1110-1000-____-300-000

I CERTIFY THAT THE ABOVE CLAIM IS A CORRECT ACCOUNTING OF EXPENDITURES FOR THE CONFERENCE INDICATED. I ACKNOWLEDGE THAT THERE IS 30 DAY TURN AROUND FOR REIMBURSEMENTS FROM THE DAY AP RECEIVES IT. IF ANYTHING IS MISSING, ADDITIONAL 2 WEEK DELAY CAN OCCUR.

EMPLOYEE'S SIGNATURE	DATE
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