## LOS BANOS UNIFIED SCHOOL DISTRICT

## TRAVEL CLAIM FORM

JULY 2023 - JUNE 2024

DATE : \_\_\_\_\_

NOTE: EACH INDIVIDUAL MUST SUBMIT THIS CLAIM FOR APPROVED EXPENSES FOR APPROVED TRIPS OUTSIDE AREA SERVICED BY THE DISTRICT.

NAME :			VENDOR #:	
PURPOSE OF TRIP :			DESTINATION :	
DEPARTED TIME:	RETURNED	DATE:		
MODE(S) OF TRAVEL USED:  AIRPLANE/TRAIN/BUS/RENTAL (*F) PRIVATE CAR		<u>-</u>	TOTAL MILEAGE AMOUNT	AMOUNT
TOTAL NUMBER OF MILES (GOOGLE MAPS REQUIRE	D)	@		= \$
LODGING: (*PAID BY CLAIMANT - RECEIPT R	REQUIRED*)			
DAYS@	\$	(INCLUDES H	OTEL TAXES/FEES)	= \$
MEAL ALLOWANCE: NO RECEIPT REQUIRED  BREAKFAST () L  PRIOR TO 7:30 AM	.UNCH ()	DINNER ( AFTER 5:30 P	<del></del> :	\$
(IF NO MEA	ALS ARE BEING CI	LAIMED ENTER \$0	.00 HERE>)	\$
OTHER EXPENSES: *RECEIPT REQUIRED*  REGISTRATION (PAID BY CLAIMANT)  PARKING/TAXI/SHUTTLE  OTHER EXPENSE	5 5	OTHER	R EXPENSE DESCRIPTION	\$
			TOTAL EXPE	NSES:
SITE ADMINISTRATOR APPROVAL		тс	OTAL REIMBURSEMENT C	LAIM
DISTRICT ADMINISTRATOR APPROVAL		CLAIMA		CLAIM FOR ACTUAL EXPENDITURES
DISTRICT ADMINISTRATOR APPROVAL  ACCOUNT LINE			SIGNATURE CERTIFIES	CLAIM FOR ACTUAL EXPENDITURES
				L SERVICES APPROVAL
		RVICES USE ONLY	<b>':</b>	
Completed Travel Claim shall be submitted win completed travel or five working days after the				
TC #:				
CHECK #: CHECK I	DATE:			

ROUTING PROCEDURE: CLAIMANT>SITE ADMIN APPROVAL>DISTRICT ADMIN APPROVAL (IF NEEDED)>ACCOUNTS PAYABLE>FISCAL SERVICES