

Travel Expense Claim

Kingsburg Joint Union High School District
 1900 18th Ave.
 Kingsburg, CA 93631

PO # _____

FUND	RESOURCE	YEAR	GOAL	FUNCTION	OBJECT	SITE	DEPT.

Name: _____ School: Kingsburg Joint Union High School

Position: _____

The following expensed were incurred for attending the following Conference/Meeting.

Conf/Meeting: _____

Location: _____ Date: From _____ to _____

Itemized Receipts & Conference Agenda's MUST be attached for Reimbursement-NO Snacks

DATE	*Meals Not to Exceed \$60 Per Day			Trans./ Parking	Lodging	Other Describe	Expenses	
	Breakfast	Lunch	Dinner				Amount	Totals
Attach a Mapquest print out showing mileage				Total Claim:		\$ _____		
Total Miles: _____				Total Mileage:		\$ _____		
Rate: 58 cents				Balance Due:		\$ _____		
per mile								

Employee's Signature: _____ Date: _____

Departing to Conference Date & Time: _____
 Arrival to Conference Date & Time: _____
 Departing from Conference Date & Time: _____
 Arrival Home from Conference Date & Time: _____

**These dates and times are required
 by Fresno County Superintendent of Schools
 for reimbursement**

* First and Last day of travel you will only be reimbursed \$45.00 for meals, each day, per diem.