

Morongo Unified School District

CONFERENCE EXPENSE CLAIM

(submit form to Accounts Payable)

Print Name: _____ Title: _____
 Address: _____ School/Dept: _____
 Conference Title: _____ Place: _____
 Account #: _____ Inclusive Dates: _____

Date	Meals			Meal Sub-Total	Lodging	Conference Registration if not prepaid
	Breakfast	Lunch	Dinner			
	\$		\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Attach Itemized Receipts				Totals: \$	\$	\$

Mileage		Expenses other than Meals, Lodging, Conference Registration or Mileage (taxi, parking, air fare, etc.) Please Specify	
Date	Number of Miles	Description	Amount
			\$
			\$
			\$
Total:			

Total Miles: _____
 x .575 _____/mile
 Cost: \$ _____

PROOF OF DRIVER'S LICENSE & AUTO INSURANCE MUST BE ON FILE.

Total Cost of Meals: \$ _____
 Total Cost of Lodging: \$ _____
 Total Cost of Conf Registration: \$ _____
 Total Cost of Mileage: \$ _____
 Total Other Expenses: \$ _____
 Less Advance by District: \$ < _____ >
 Total Amount Due: \$ _____

RC Ck # or PO # _____
 RC Ck # _____

Mileage reimbursement will be equal to the rate established by the Internal Revenue Service

I certify that the foregoing is an accurate record of expenses which were actual and necessary, incurred in the performance of assigned duties for the Morongo Unified School District.

- CONFERENCE SUMMARY REPORT MUST BE ATTACHED -

 Claimant's Signature Date

 Supervisor's Signature Date

 Business Office Approval Date