

## 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			
	\$		\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
<b>Attach Itemized Receipts</b>				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: \$ _____	<b>PROOF OF DRIVER'S LICENSE &amp; AUTO INSURANCE MUST BE ON FILE.</b> 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: \$ _____
Mileage reimbursement will be equal to the rate established by the Internal Revenue Service	_____ RC Ck # or PO # _____ RC Ck #

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