TAHOMA SCHOOL DISTRICT NO. 409

TRAVEL CLAIM FOR EXPENSE FORM

Document	Number

AP Batch Number

(Attach copy of approved Travel Authorization Form)								Document Number				
Emp	loyee Name	School Building/Dept.										
Name Key Travel Dates: Depart Each employee must purchase their own items and submit their own of Reimbursement form must be submitted within 45 calendar days follow Reimbursement will be made on the 15 th of the month following receipt bank account on file. *Incomplete or incorrect forms will be returned.						ring the month expenses were incurred. in Accounts Payable. Reimbursement will be				PO Number P or C deposited via ACH to the employee		
REGI	STRATION (attach o	riginal receipts 8	copy of it	inerary/ac	enda)	·	-	-	.	-	\$	
REGISTRATION (attach original receipts & copy of itinerary/agenda) TRANSPORTATION & LODGING EXPENSE (attach original receipts Transportation (airfare, train, or bus) Lodging Fares (taxi or shuttle) Car Rental Parking Fuel (rental car, district vehicle) TOTAL TRANSPORTATION & LODGING EXPENSE OTHER (attach original receipts; list vendor name & description/purpo						e of items)	\$ \$ \$ \$ \$				\$ \$	
_											\$	
MILE	MILEAGE (personal car, attach Google Map)						ROUN	D TRIP				
Γ	DATE FROM		I	TO		MILES]				
-												
-												
PFR	DIEM ALLOWANCE	(Meals & Incide	ntals)		ТОТ	AL MILES			@		\$	
1)2)3)	Per diem Meals & In www.gsa.gov. Empl Department will verif For travel involving included in the conference for the first and last costs. Per diem info	oyees are reimby the applicable an overnight serence registration days of travel, e	oursed from rate and c tay, mark on costs. F mployees	n one of the calculate to YES in the Per diem in receive 7	ne estable otal per of e applica may NOT 5% of the	ished per d diem owed t ble boxes f be claime a applicable	iem rates I to the emp or meals p d for these per diem	pased on t loyee. aid for out meals and rate, less	their primary to cof-pocket. Mod will be deduced any meals income.	ravel dest lark NO in icted from	ination. The the boxes the per dier	e Finance for meals m allowance.
4)	For each travel claim MUST be attached.	n submitted, a co	ppy of the	employee	s prior a	pproval (for	m 6213F)	and works	shop or confe	rence age	nda (with m	eal information)
5)	For more information	n on district trave							6213P.			
		Per diem		TRAVEL I	NVOLVI	NG OVERN	IIGHT STA	\Y	LACT			
		M&IE Rate	FIRST DAY	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	LAST DAY			
	Breakfast											
	Lunch											
	Dinner		750/						750/			
	T		75%						75%		•	
	Total M&IE Rate				_			TOTAL	DEIMBURG	EMENT	\$	
								TOTAL	REIMBURS	PEWIENI	\$	
CERTIFICATION I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received on account thereof.				no			ACCO	UNT CODE			AMOUNT	
Claim	Claimant Signature DATE										TOTAL	
APPROVAL						INTERNAL						

Bookkeeper

NOTES:

DATE

DATE

Director/Administrator Signature

Auditing Officer Signature