

Vendor # _____

Calaveras Unified School District
P.O. Box 788
San Andreas, CA 95249

CLAIM FOR CONFERENCE REIMBURSEMENT

Name _____ Date _____

Address (Residence-include zip code) _____

School/Department _____

Conference Name and City _____

Beginning Conference Date _____ Ending Conference Date _____

Attach receipts for all items listed for reimbursement:

Registration Fee (attach receipt): _____

Travel Expense (Airfare, Auto Rental, Parking Fee, Tolls): _____

Enter total Miles: _____

Mileage (at current IRS rate): _____

Lodging (attach receipt): _____

Meals (attach receipt): _____

Materials & Supplies (attach receipt – claim for authorized purchase of materials & supplies) : _____

Totals: _____

I certify that the above is a true and correct report:

Date _____

Charge to: _____

Claimant signature: _____

Approved by Supervisor/Principal: _____

For Business Office Use Only:

P.O. Number: _____

Date _____

Approved by: _____