

# GOLDEN PLAINS UNIFIED SCHOOL DISTRICT

## CONFERENCE, WORKSHOP, & MILEAGE EXPENSE CLAIM

- ☐ FOR ADVANCE NOTICE ON LODGING/TRANSPORTATION/REGISTRATION ONLY  
☐ CLAIM FOR EMPLOYEE REIMBURSEMENT

Date Required: \_\_\_\_\_

Vendor: \_\_\_\_\_ *Finance Only*

Address (if Check is to be mailed): \_\_\_\_\_ Pay Voucher #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Vendor #: \_\_\_\_\_

Date	Destination & Purpose	Number of Miles

**AUTHORIZED MEETINGS, CONFERENCE, OR OUT OF COUNTY TRAVEL  
ATTACH AUTHORIZATION/ITEMIZED RECEIPTS REQUIRED**

Total # of Miles

Mileage Rate

Total Amount Due

\$

Date	Purpose/Destination	Time Departed	Time Returned	Food	Lodging	Transport.	*Registration	Other	Total
		am	am						
		pm	pm						
		am	am						
		pm	pm						
		am	am						
		pm	pm						
		am	am						
		pm	pm						
		am	am						
		pm	pm						

*\*Registration reimbursement requires a copy of completed registration form and a copy of personal check.*

**I HEREBY CERTIFY THAT THE EXPENSES HEREIN LISTED ARE ITEMIZED BY LAW, AND THEY ARE TRUE AND CORRECT AND THAT THEY WERE INCURRED IN THE PERFORMANCE OF MY DUTIES.**

**I FURTHER CERTIFY THAT WHEN IF ANY MILEAGE WAS INCURRED I HAD AUTOMOBILE LIABILITY AND PROPERTY DAMAGE INSURANCE COVERAGE OF NOT LESS THAN \$1000,000/\$3000,000 (P.L) AND \$25,000 (P.D.)**

Expenses

\$

Mileage

\$

TOTAL CLAIM

\$

Code Line	Fund	Resource	-Y-	Goal	Function	Object	Site	Dept.
1.								

Signature of Claimant/Requestor

Approval of Superintendent

Supervisor/Director

(Finance Use – Audited by)