



COAST UNIFIED SCHOOL DISTRICT CONFERENCE REIMBURSEMENT FORM

PLEASE NOTE: A Conference Pre-Authorization request must be approved **PRIOR** to submitting the Conference Claim

NAME: _____

CONFERENCE TITLE: _____

DATES OF CONFERENCE: _____ **Location:** _____

AFTER THE CONFERENCE IS COMPLETED, PLEASE FILL OUT THE FOLLOWING PORTION AND RETURN WITH ORIGINAL RECEIPTS TO ACCOUNTS PAYABLE – DISTRICT OFFICE. (RECEIPTS ARE NOT REQUIRED FOR MEALS IF CLAIMING THE MEAL ALLOWANCE). RECEIPTS ARE REQUIRED FOR REIMBURSEMENT OF REGISTRATION, LODGING AND PARKING.

TOTAL DAYS OF CONFERENCE: _____

*EXPLANATION: _____

REGISTRATION: \$ _____

MILEAGE:
_____ Miles @ .535
Cents Per Mile \$ _____

Food: (Use Chart Below) \$ _____

I certify that the above claim form reimbursement is for actual and necessary expenses incurred while on District business.

Lodging: \$ _____

*Other (explain): \$ _____

Employee's Signature: _____

Total Claim: \$ _____

Date: _____

BUSINESS MANAGER'S APPROVAL: _____ **DATE:** _____

Worksheet for meals

When conference is complete, please fill in the chart below for all meals to be claimed – only those meals **not** provided by conference.

Date	Breakfast		Lunch		Dinner	
	Included with Conf. (Please ck)	\$10.00	Included with Conf. (Please ck)	\$15.00	Included with Conf. (Please ck)	\$26.00
TOTAL						
GRAND TOTAL						

Please enter the **grand total** in the chart above for reimbursement of meals. The meal allowance for an entire day is \$51.00. Meals included in a conference fee are not reimbursable - to avoid delays in processing your claim, please check under the column "Included with Conf". Meals for family members will not be reimbursed. Meals shall be reimbursed only for the time the employee must be away.