

# CERES UNIFIED SCHOOL DISTRICT CONFERENCE EXPENSE FORM

EMPLOYEE NAME: \_\_\_\_\_ CONFERENCE ATTENDED: \_\_\_\_\_  
 EMPLOYEE TITLE & SITE: \_\_\_\_\_ CONFERENCE SITE: \_\_\_\_\_  
 CONFERENCE DATES: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
 DATE LEFT: \_\_\_\_\_ TIME LEFT: \_\_\_\_\_ DATE RETURNED: \_\_\_\_\_ TIME RETURNED: \_\_\_\_\_

## EXPENSES BEING REQUESTED FOR REIMBURSEMENT

**CONFERENCE REGISTRATION FEES**

(receipt is required)..... \$ \_\_\_\_\_

**HOUSING**

(receipt is required)..... \$ \_\_\_\_\_

**TRAVEL**

Travel by private car (auto insurance form is required)

Reimburse \_\_\_\_\_ miles @ \$0.575 per mile..... \$ \_\_\_\_\_

Travel by District car

(receipt required for gasoline purchase)..... \$ \_\_\_\_\_

Travel by rental car

(receipt is required for rental & for any gasoline purchase)..... \$ \_\_\_\_\_

Travel by air

(receipt is required)..... \$ \_\_\_\_\_

**MEALS *\*\*CANNOT CLAIM MEALS THAT ARE PROVIDED BY HOTEL OR CONFERENCE\*\****

*\*\*Please note, in order for the pre-payment of meals to be approved, you must be traveling outside of the District for three (3) days or more. The purchase order must also be in the Business Office 15-20 days prior to the DUE DATE of when the check is needed\*\**

**Please circle rate depending upon the California county listed below:**

- \$71 counties: Marin, Mariposa, Mendocino, Mono, Monterey, Nevada, San Francisco, Santa Barbara, Santa Monica
- \$66 counties: Humboldt, Madera, San Diego, San Luis Obispo, Sonoma, Yolo
- \$61 counties: Alameda, Contra Costa, Edwards AFB, El Dorado, Fresno, Inyo, Los Angeles, Napa, Orange, Riverside, Sacramento, San Mateo, Santa Clara, Ventura
- \$56 counties: Kern, San Bernadino, San Joaquin, Santa Cruz, Placer, Tulare
- \$50 counties: Stanislaus, and all other California counties not listed

		\$50	\$51	\$56	\$61	\$66	\$71
Breakfast	_____ # of days	13	13	14	16	17	18
Lunch	_____ # of days	14	15	16	17	18	19
Dinner	_____ # of days	23	23	26	28	31	34

*\*\*Please see note highlighted above\*\**

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_

**\*\*\*\*\* Out of State Travel \*\*\*\*\***

*IRS guidelines will be used, please contact the Director of Fiscal Services for rate.*

**MISCELLANEOUS EXPENSES** (receipts are required for all)

Cab Fare/Shuttle..... \$ \_\_\_\_\_

Bridge Toll..... \$ \_\_\_\_\_

Parking..... \$ \_\_\_\_\_

Other - Please Indicate..... \$ \_\_\_\_\_

**EXPENSE TOTALS**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**EMPLOYEE PLEASE NOTE:** All expense reimbursement claims shall be submitted within ten (10) working days following the return from travel when possible. The failure to attach required documents or completing this form accurately will cause delays in processing your reimbursement.

**EMPLOYEE SIGNATURE** \_\_\_\_\_