

- Include:**
 Traveler Information Form
 Traveler Justification Form

ESCONDIDO UNION HIGH SCHOOL DISTRICT

TRAVEL CONFERENCE AUTHORIZATION & CLAIM

T

Board Approval Needed

***Travel Approval Must Be Received By DSC/Ed Services 45 Days Prior To Travel Date(s)**

Date: _____

TRAVEL INFORMATION	Other Employees Attending:	CONFERENCE INFORMATION	Estimated Expenses	FOR DISTRICT USE ONLY PO / AMEX / VISA
Employee Full Legal Name:		Yes No CONFIRMATION #	Will you personally pay & get reimbursed? Indicate Below Yes/No ↓	
Department / Site:		Registration Confirmed		
Position:		Hotel Confirmed		
Name of Conference:	Additional Information:	(a) Registration	\$	(a)
Conference Location:		(b) Meals (B - \$10, L - \$15, D - \$25)	\$	(b)
DATE(S) OF CONFERENCE:		(c) Auto or Airline Travel (Mileage/Parking/Shuttles/Other)	\$	(c)
From: To:		(d) Name of Preferred Hotel	\$	(d)
EMPLOYEE SIGNATURE Date		Hotel Address:		
	Hotel Phone #:			
	Substitute Pay \$	TOTAL \$		

ACCOUNT NUMBER & SIGNATURES

FUND(4) - RESOURCE(7) - GOAL(4) - FUNCTION(4) - OBJECT(7) - SITE(3) - OPERATING UNIT(3)

	PERSONAL EXPENSE REIMBURSEMENT (ATTACH RECEIPT(S) AND FORWARD TO FINANCE)	
Finance Clerk Date	Meals - When overnight stay is required and not provided by conference or hotel (travel days are only reimbursed \$25.00) # _____ Breakfasts at \$10.00 = \$ _____ # _____ Lunches at \$15.00 = \$ _____ # _____ Dinners at \$25.00 = \$ _____	Lodging - Provide hotel invoice Check-in _____ Date Check-out _____ Date \$ _____ Total Amount
Principal Date	Mileage Roundtrip To conference or airport (attach Mapquest or similar) _____ at _____ Rate = \$ _____ Total Miles _____ Rate _____ Total Amount _____	Other Expenses (Shuttle/Car Rental/Taxi/Tolls/Baggage Fees/Parking, etc. Provide All Itemized Receipts) \$ _____ Total Amount
Director, Categorical Programs Date		FINANCE USE ONLY
Finance Date	Transportation Provide airline receipt or other \$ _____ Total Amount	Check #: _____ Date: _____ Batch#: _____
Asst. Supt. of Business Services Date	I Certify that the expenses listed are legitimate expenses:	
Asst. Supt. of Educational Services Date	Supervisor Signature _____	Date _____
District Superintendent Date	Employee Signature _____	Date _____
	Categorical/Budget Administrator Signature _____	Date _____