

Dixon Unified School District
Overnight Travel/Conference Approval and Expense Claim Form

See instructions for assistance in completing form.

Part A - Pre-approval

Name: _____ Title: _____
 Address: _____ Department: _____
 _____ Sub needed: _____ (if yes contact HR)
 Phone: _____ Work Site: _____
 Title of conference, date, place: (Attach copy of workshop flyer/registration form for approval and for all expenses)
 Employee Signature: _____ Date: _____

Part B - Approval Signatures

Approvals: I find that the proposed travel meets the requirements of DUSD's policy(ies) and is consistent with the scheduling of any conference or training session to be attended.

Supervisor signature: _____ Date: _____
 Sr Dir of Ed Services signature: _____ Date: _____
if categorically funded
 Supt/Designee signature: _____ Date: _____
if required - see instructions

Part C - Itemized Expenses

Item	Estimated Expenses	Itemize Expenses paid by employee (list day, date and time for meal reimbursement)							Total Reimbursement
		S-Date-Time:	M-Date-Time:	T-Date-Time:	W-Date-Time:	Th-Date-Time:	F-Date-Time:	S-Date-Time:	
1) Registration									
2) Lodging									
3) Airfare									
4) Breakfast (Up to \$10 no receipt)									
4) Lunch (Up to \$10 no receipt)									
4) Dinner (Up to \$20 no receipt)									
5) Personal Vehicle # of miles									
@ current IRS rate (0.54									
6) Bridge tolls (with receipt)									
7) Parking (with receipt)									
8) Taxi/Shuttle (with receipt)									
9) Telephone/Internet									
10) Incidentals (\$5 night-no receipt)									
11) Other									
Total									\$ -

Budget Code: _____ \$ -
 Budget Code: _____
 Budget Code: _____
 Fund - Resource - Yr - Goal - Function - Object - Site - Responsibility
 Total \$ \$ -

Part D - Signatures Certifying and Approving Expenses Incurred

I hereby certify that:

- I departed and returned on the dates indicated above.
- The above is accurate accounting of my incurred expenses while in travel status.
- The expenses claimed above are not reimbursable to me or to DUSD from any other source.
- I have attached all required itemized receipts and conference flyer and agenda, name badge, or other proof of attendance.

Employee signature: _____ Date: _____
 Approval signature: _____ Date: _____

Dixon Unified School District

Instructions for completing *Overnight Travel/Conference Approval and Expense Claim Form (Form 30)*

Please be sure you are using the correct form (Form 30). This form is used to record overnight conference/travel expenses on official district business when there will be reimbursement directly to the employee for expenses. Use the *Mileage and Day Travel Reimbursement Form (Form 33)* for day-to-day expenses that do not include staying overnight.

Completion of Part A (Pre-approval) and Part C (Itemized Expenses) indicates your request to your supervisor for required prior approval to attend the conference or meeting. Fill in the itemized expenses under Part C, which provides for an itemized reimbursement of expenses incurred.

PART A – Pre-approval

Incomplete and inaccurate information will delay processing your claim.

1. Print your name and home address. Use your name as it is shown on district employee records. Do not use nicknames. Include the city and zip code and indicate your title or position with the district (i.e., principal, teacher, custodian, etc.).
2. Fill in your telephone number where someone can be reached in case of questions.
3. State the title of the conference or meeting, the date and location, and attach a copy of the agenda or conference registration form or flyer.
4. The employee submitting the request must give to his/her supervisor for signature.

NOTE: Part C Estimated Expenses (yellow column) and the Budget Code section must be completed as part of the pre-approval process.

PART B – Approval Signatures

1. In-state travel
 - a. Supervisor approval
 - b. Senior Director of Educational Services approval (if categorically funded)
2. Out-of-state travel
 - a. Superintendent or Designee approval

NOTE: Overnight student activities require Board approval.

PART C – Itemized Expenses

The Estimated Expenses (yellow column) and the Budget Code(s) are used in the pre-approval process.

All claimed expenses should indicate the date and day of the week and include the departure and return time of day for meal reimbursement. Dates shown here must be in agreement with those on the conference brochure and those shown under the title, date and location of conference in Part A.

Refer to Procedure 30, Travel and Conferences, in the Business Manual for guidelines on incurring expenses for registration, lodging, airfare, meals and other travel-related costs.

Be sure to insert Budget Code(s) and the amount to be charged.

PART D – Signatures Certifying and Approving Expenses Incurred

1. The employee needs to sign and date the reimbursement claim.
2. Supervisor and/or department head signature is required.