

SANTA CRUZ VALLEY UNIFIED SCHOOL DISTRICT NO. 35 TRAVEL CLAIM FORM	Instructions: Complete form, attached conference brochure and receipts for airfare, lodging, parking, car rental and public transportation. Submit form to Business Office Attention: Yvette Corrella, Accounts Payable.
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Employee Name:	Duty Post Address:
Employee Residence Cross Streets and City:	
Driver License No.:	

Purpose of Travel/ Description:								Vehicle Type: District _____ Rental _____ Personal _____					
Travel Date	Departed Time	Departed From (physical address)	Arrival Time	Arrived At (physical address)	Overnight Stay	Odometer Start	Odometer End	Miles	Miles X Rate =.445	Meals	Lodging	Other Expenses	Transportation
								0	0				
								0	0				
								0	0				
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								0	0				
								0	0				

Explanation for internet and phone charges (if applicable):	Less Commuted Miles:
I certify that this expenditure/transaction is for a valid purpose and is consistent with all applicable statutes, laws, appropriations, grants and contracts. I further CERTIFY that I have reviewed and understand the District Travel Policy and that the amounts claimed represent the ACTUAL, QUALIFIED amounts and/or miles incurred during authorized, official District business and that I am not requesting any reimbursements not allowed or not actually expended.	Totals from Above
	Grand Total Claimed
	\$ -

Traveler Signature:	Date:	P.O. Number:	Total Travel Claim:
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As the Supervisor, I CERTIFY that the expenses claimed were incurred for authorized official District business and that they are correct and proper charges. I CERTIFY further that this expenditure is for a valid public purpose and is consistent with all applicable statutes, laws, appropriations, grants and contracts. I APPROVE the expenses as outlined above for reimbursement

Supervisor Name:	Supervisor Signature:	Date:
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