

Travel Expense Report and Claim

Oroville Union High School District

Claim must be filed within 60 days

Original Signatures Required

Name/Title: _____ Address: _____

City/State/Zip: _____ Email/Phone: _____

Receipts required for all expenses.
 Receipts do not need to be itemized - if missing receipts,
 attach Affidavit of Non-Receipt to Travel Claim. Check
 copies or credit card statements will not be accepted.
 Reimbursements for the first and last day of travel will be capped at \$34.50.

Prior to 1/1/14 Rate = .56.5
 Effective 1/1/14 Rate = .56

\$10 max \$14 max \$22 max

Travel Details				Personal Vehicle Mileage			Transportation			Other	Lodging / Meals				(if applicable)
Date (Daily)	From	To	Specific Purpose or Activity/Location	Miles driven	Less Commute	Net Reimb Miles	Rail / Bus / Plane	Taxi / Car	Tolls / Parking	Misc. Exp. (reg. fees, phone)	Lodging	Breakfast	Lunch	Dinner	Less Advances
Total Reimb Miles:															
Claim Sub Totals:															
Total Claim amount:															

Org Key	Object Key	Amount
Distribution total should equal Claim Amt:		

Claimant Signature/Date

Approval Signature/Date

District Office Approval

Director of Ed Services

By signing this document, I am certifying that this claim does not reflect any purchase of tobacco or alcohol.

CBO