Non-Conference 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 claim.

Prior to 1/1/14 Rate = .56.5

Effective 1/1/14 Rate = .56

	$8 max	**$11 max**	**$17 max**

Travel Details				**Personal Vehicle Mileage**			**Parking/Tolls/Meals**			
Date (Daily)	**From**	**To**	**Specific Purpose or Activity**	**Miles driven**	**Less Commute**	**Net Reimb Miles**	**Tolls / Parking**	**Breakfast**	**Lunch**	**Dinner**
				Total Reimb Miles:						
				Claim Sub Totals:						
				Total Claim Amt:						

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

Claimant Signature/Date

Approval Signature/Date

District Office Approval

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

Director of Ed Services

CBO