

WILLOWS UNIFIED SCHOOL DISTRICT

823 West Laurel Street, Willows CA 95988
TRAVEL EXPENSE CLAIM FORM

EMPLOYEE NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE #: _____
 ORIGINAL P.O. #: _____

NOTES (as per Board (BP) and Administrative Policy (AR) 3350):

- 1. Mileage reimbursement rate is equal to the federal tax reimbursement rate and is subject to change. Current rate is :
- 2. Reimbursable mileage starts and ends at schoolsite in Willows.
- 3. Original itemized receipts must be attached.

0.540

ATTACH AGENDA FROM CONFERENCE OR OTHER FORM TO SUPPORT TRIP

DATE	LOCATION	PURPOSE	MILES	PARKING	FOOD	LODGING	TOTAL
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -

\$ -

Fund-Resource-Year-Goal-Function-Object-Site-Budget Resp-District Designated

Code	Amount
	\$ -
	\$ -

Note: These amounts should equal.

Requested By _____

Principal/Supervisor Approval _____ Date _____

Special Projects Coordinator Approval (If restricted program expenditure) _____ Date _____