

Employee Vendor No.
(Bus. Dept. use only)

ST. HELENA UNIFIED SCHOOL DISTRICT
 465 Main Street
 St. Helena, CA 94574
 Phone: (707)967-2703

SHUSD #39

CONFERENCE/WORKSHOP EXPENSE CLAIM

NAME (PLEASE PRINT) _____	DATE(S) OF MEETING _____
SCHOOL/DEPARTMENT _____	MEETING ATTENDED _____
DATE _____	LOCATION OF MEETING _____

**AGENDAS MUST BE INCLUDED WITH CLAIM
 MEALS WILL NOT BE REIMBURSED WHEN THE MEAL IS INCLUDED IN CONFERENCE**

	DATE	DATE	DATE	DATE	DATE	TOTAL
MEALS (Must attach receipts), Based on GSA Rates.						
LODGING (Must attach receipts)						
MILEAGE: Miles x Current IRS Rate x per mile						
REGISTRATION (Must attach receipts)						
AIRPLANE FARE (Must attach receipts)						
TAXI (Must attach receipts)						
PARKING FEES (Must attach receipts)						
BRIDGE TOLL (Must attach receipts)						

APPROVAL SIGNATURES

**\$
TOTAL CLAIM**

Employee (Claimant's) Date

Supervisor Date

District Program Approval

Chief Business Official (CBO)

FUND	RESOURCE	YEAR	GOAL	FUNCTION	OBJECT	SCHOOL	MGMT	AMOUNT