

**Prosser School District
Travel Claim Form**



INSTRUCTIONS: Claim will not be processed until all information is provided.

EMPLOYEE INFORMATION

Name: _____ Bldg/School: _____

Activity or Conference: _____ Location: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Budget Code to be Charged: _____

Per Diem Meals (not provided by conference/activity or hotel) Refer to www.prosserschools.org for per diem rates based on destination county

Date	Breakfast	Lunch	Dinner	County/Location	Purpose/Reason
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

Subtotal \$ _____ \$ _____ \$ _____

To earn Breakfast you must be in travel status by 7:00 a.m.
 To earn Lunch you must be in travel status by 11:00 a.m.
 To earn Dinner you must be in travel status by 6:00 p.m.
 To earn full day per diem you must leave by 7:00 a.m. and not return before 6:00 p.m.

Other Expenditures (attach original receipts)

Date	Paid to	Purpose/Reason	Amount
			\$
			\$
			\$
		Subtotal Other Expenditures	\$

Expense Summary

Meals(total from above)-----\$ _____

Hotel/Motel (attach original receipt)-----\$ _____

Mileage_____ X .545 per mile-----\$ _____

Other Expenses (total from above)-----\$ _____

Total to be paid Employee \$ _____

CERTIFICATION

I, the undersigned, do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered as described herein and that the claim is a just, due and unpaid obligation against Prosser School District No. 116, and that I am authorized to authenticate and certify to said claim.

Employee

Date

Principal/Supervisor

Date

Superintendent/Business Manager

Date