North Kitsap School District 400

TRAVEL EXPENSE CLAIM

1. Use only for expenses that cannot be covered by a Purchase Order.
2. Information must be complete and accurate. Lack of account codes and/or signatures will delay reimbursement.
3. Reimbursable Expenses:

Item	Rate	Receipt
Lodging	Reasonable Rates	Required
Meals	Maximum $38 Per Day	Required
	(Suggested $8 Breakfast, $12 Lunch, $18 Dinner)	
Gratuity - Meals	Limited to 15%	List on Meal Receipt
Airline, train, bus	Tourist Rate	Required
Taxi, parking, ferry, toll	Reasonable Rates	Preferred
Mileage	Current Approved	N/A

4. Submit Claim Form to Accounts Payable by the 10th of the month following the month of travel. (Travel Advances must be returned and expenses reconciled within 10 days of trip completion.)
5. Accounts Payable will audit all claims for accuracy and determine taxability of meals.
6. Staple all receipts to the back of this form.

Date	Purpose of Trip	Destination	Meals			Lodging	Ferry, Toll Bridge	Private Auto		Other	Total
			Breakfast	Lunch	Dinner			Miles	Amount		
TOTAL CLAIMED								total miles	total amt due		

Less Advance Travel (_____)

Total Due _____

I hereby certify that this is a true and accurate claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Account Code(s)	Amount

Employee Name (print)

Home Address

Employee Signature Date

Administrator Approval Date

Student Signature (if ASB) Date

FinSvcs 111403