



Business Services
(714) 870-2817

TRAVEL REIMBURSEMENT FORM

MAXIMUM DAILY ALLOWABLE MEAL AMOUNT: \$74 (AR3132)

School/Department

Date
\$0.00
\$0.00
\$0.00

1. **TRANSPORTATION - (Receipt required)**
2. **HOTEL/LODGING - (Receipt required - Room charge and tax only)**
3. **CONFERENCE REGISTRATION -**
 - 1) **Attach copy of flyer showing date and cost**
 - 2) **Attach original receipt, copy of bank or credit card statement**

4. MEALS -

INSTRUCTIONS

- Itemize each meal
- Attach receipts
- Maximum \$74/day No
- alcohol or other
unauthorized charges

[illegible]

TOTAL MEALS:	\$0.00
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5. MILEAGE: _____ X \$0.655 PER MILE (2023 rate)
Total Miles

TOTAL MILEAGE: **\$0.00**

6. OTHER EXPENSES - Parking, Shuttle Bus, Etc.

TOTAL OTHER:	\$0.00
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	DESCRIPTION	AMOUNT
a.		
b.		
c.		

TOTAL EXPENSES: **\$0.00**

LESS TRAVEL ADVANCE: \$0.00

REIMBURSEMENT AMOUNT (OR AMOUNT DUE FJUHS): \$0.00

I ACKNOWLEDGE prior authorization to attend the following conference/convention:

located at: _____ on the dates: _____ to _____

City

NAME _____

By: _____
SIGNATURE

APPROVAL: Department/Chairperson: _____

Administrator/Principal: _____

BUDGET ACCOUNT NUMBER:

SEND ORIGINAL TO ACCOUNTING FOR REIMBURSEMENT WITH COPIES OF CONFERENCE REGISTRATION FORM AND RECEIPTS