ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT
EMPLOYEE EXPENSE REIMBURSEMENT - TRAVEL

(Please reference Staff Rule 4136.1 for guidelines and requirements)

Name: _____ Date: _____

Activity: _____

REIMBURSE FOR TRAVEL EXPENSES

↓ (Your meal expenses only) ↓

DATE	TO/FROM	MILES	B'FAST $10	LUNCH $15	DINNER $25	HOTEL	OTHER	EXPLANATION
	TOTAL:		$	$	$	$	$	

Miles: ____@____ $ _____

Total Meals: $ _____

Total Hotal: $ _____

Total Other: $ _____

Total Due Employee: $ _____

Note: For meals purchased for other employees, show these expenses under "OTHER." If double occupancy is charged for husband and wife, amount allowed will be the single rate. For "OTHER" expenses, please provide adequate explanations.

I hereby certify the above to be a true and accurate account of my actual, necessary, and allowable travel expenses for the period indicated and all required receipts are attached.

SIGNED: _____ **DATE:** _____

Account String: FD(2) RESC(4) YR(1) OBJ(4) TY(2) GOAL(4) FUNC(4) SCH(3)

1. _____ $ _____
2. _____ $ _____
3. _____ $ _____

Total reimbursement: $ _____

School/Site: _____

Dept: _____

Requested by: _____ (Print)

Site Principal/ Manager Approval: _____

Admin Approval: _____

All signatures must be in ink.