LAKE CHELAN SCHOOL DISTRICT
TRAVEL EXPENSE FORM (rev 01/18)

TRAVEL EXPENSE CLAIM (Complete and sign after returning.
Do not claim expenses paid directly by the District)

Name: _____

Purpose of Travel/Name of Training/Class: _____

City and State: _____

*Claims for reimbursement must be signed by the employee and their supervisor. *Meal reimbursement is taxable if there is no overnight stay." Employees must meet the three hour rule as defined by Policy 6213 and be in travel status prior to 6:30 to be eligible for breakfast, during the entire noon hour to claim lunch and after 6:30 to claim the dinner meal.*
The employee must submit receipts for lodging, business expenses and for any taxi or purchased transportation expenses greater than $50.
The employee can only claim mileage if use of their personal vehicle was approved by their supervisor.
The mileage rate is fifty four cents per mile ($.545) as of 1/01/2018.

			MEALS (*receipts not required*)				Lodging	Personal Vehicle		Other expenses		
Date	Time Left	Time Returned	Breakfast $10	Lunch $16	Dinner $20	Total Meals	*(Receipt required)*	Miles	Reimb.	*(Attach Receipt, if applicable, and describe expense)*	*Amount*	Grand Total
						0			0			$ -
						0			0			$ -
						0			0			$ -
						0			0			$ -
						0			0			$ -
						0			0			$ -
						0			0			$ -
						0			0			$ -
						0			0			$ -
						0			0			$ -
										Total Reimbursable Expenses		$ -
										Less Travel Advance Amount		
										Reimbursement Due Employee		$ -
										Attach Check if Advance exceeds Expenses	Ck. Amt.	

Employee Certification: I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Account Code(s)

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____