

**SANTA ROSA CITY SCHOOLS
EMPLOYEE SPECIAL TRIP REQUEST CLAIM FOR REIMBURSEMENT**

REQUESTED BY _____
 SCHOOL/DEPT. _____
 DATE OF TRIP _____
 DESTINATION _____
 CONFERENCE/
 ACTIVITY _____

TRIP APPROVAL NO. _____

PRE-TRIP APPROVAL _____
 Supervisor's Signature _____ Date _____

ESTIMATED COST
 TO BE DETERMINED \$ _____

BUDGET CODE _____

(FILL IN THIS SECTION UPON COMPLETION OF TRIP)										FOR ACCTG. USE ONLY	
AUTO TRAVEL										AMOUNT SPENT	AMOUNT ALLOWED
MILES TRAVELED: _____ RATE PER MILE _____											
GENERAL EXPENSES											
DAYS and DATES											
DESCRIPTION	DATES	SUN	MON	TUES	WED	THURS	FRI	SAT			
MEALS (ACTUAL COST)	BREAKFAST										
	LUNCH										
	DINNER										
LODGING-(ATTACH RECEIPTS)											
REGISTRATION FEES-(ATTACH RECEIPTS)											
BRIDGE TOLLS											
OTHER (LIST)-(ATTACH RECEIPTS)											
Subtotals										\$	\$
TOTALS										\$	\$

I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED IN PERFORMANCE OF OFFICIAL SCHOOL BUSINESS AND THAT NO OTHER CLAIM IS BEING MADE FOR THE ABOVE.

 SIGNATURE OF CLAIMANT

 APPROVED BY PRINCIPAL/SUPERVISOR (POST-TRIP)

ADDRESS _____

BUSINESS OFFICE APPROVAL _____