

CENTRAL UNIFIED SCHOOL DISTRICT

4605 North Polk Avenue · Fresno, CA 93722 Phone: (559) 274-4700 · Fax: (559) 271-8200

CONFERENCE TRAVEL REIMBURSEMENT POLICY

(Effective June 1, 2015-updated January 1, 2016)

Prior to travel employee must submit a completed and approved Travel Requisition form along with conference flyer, "Advance Prepay" requisitions for conference registration and hotel and a "Specific" requisition for mileage and meal reimbursement to the Purchasing Department. (Mileage and meals are no longer paid prior to the conference workshop.) To obtain your mileage and meal per diem reimbursement, complete this form, sign and date verifying your attendance, attach form along with your hotel folio to the Purchase Order and send to Accounts Payable. (NOTE: Hotel lodging can still be paid in advance; however, hotel folio must be attached to the PO listed below.)

I certify my attendance to the				_ conference as stated in the			
attached PO #	and am red	juesting reim	nbursemer	nt for the	following:		
MILEAGE @ .	54 cents per	mile (copy of	map-quest	attached)	Total Milea	ige	
Reimbursement \$	MEALS not provided by the conference:_(Record date and						
appropriate dollar amour	nt per meal)	Per Diem paid	at the follo	owing rates	:		
\$ 9.00 Breakfast if travel	begins on o	r before 7:00	am	-			
\$12.00 Lunch if travel be	gins on or b	efore 11:00 ar	m, or ends	on or after	11:00 am		
\$22.00 Dinner if travel be	egins on or b	pefore 7:00 pm	n, or ends o	on or after	7:00 pm.		
Doto	φ	Drockfoot	¢	Lunch	ф	Dinner	
Date	Φ	Breakfast	Φ	_ LUHCH	p	Dinner	
Date	\$	Breakfast	\$	Lunch	\$	Dinner	
		_		_			
Date	\$	Breakfast	\$	_ Lunch	\$	Dinner	
Date	\$	Breakfast	\$	_ Lunch	\$	Dinner	
		5 16 1				D .	
Date	\$	Breakfast	\$	_ Lunch	\$	Dinner	
TOTAL REIMBURSI	EMENT \$_			_			
		_					
Employee Signature				Supervis	Supervisor Signature		
DATE		_	-	DATE			

NOTE: Board approval is required for all out-of-state conferences for attendees seeking reimbursement.