

NATOMAS UNIFIED SCHOOL DISTRICT TRAVEL EXPENSE CLAIM

NAME: _____

MONTH/YEAR: _____

ADDRESS: _____

SCHOOL / DEPT: _____

Ensure that the appropriate documentation is attached
Approved Travel and Conference Form, Itemized Receipts, Proof of payment, etc.

Date	Explanation	Miles	Per Diem	Other
TOTAL:				
TOTAL \$:				

ACCOUNT CODE:

Fund XX	Resource XXXX	Year X	Object XXXX	Site XXX	Goal XXXX	Function XXXX	Local 1 XXX	Local 2 XXX	Amount:
									\$ _____
									\$ _____
									\$ _____
Total (Must equal amount above):									\$ _____

I hereby certify the above to be a true and accurate account of my actual expenses for the period indicated.

Claimant _____ Date _____
(Print name) (Signature)

Site/Dept. Approval _____ Date _____
(Print name) (Signature)

District Approval _____ Date _____
(Print name) (Signature)

NOTE: Please tape receipts to 8 1/2" x 11" paper and attach to this claim.