

**San Mateo Union High School District
TRAVEL AUTHORIZATION AND PAYMENT/REIMBURSEMENT CLAIM**

Fields in **red** are required / Pre and Post approval must be finalized before any travel

TRAVEL INFORMATION									
NAME				TITLE				DATE	
SCHOOL			DESTINATION				TELEPHONE NO.		
PURPOSE OF TRAVEL								DATE	
						DEPARTURE			
						RETURN			
REIMBURSEMENT INFORMATION									
Read detailed instructions on next page									
Date	Registration Fees	Airfare	Lodging	Food (Max \$70/day)	Parking	Rental car bus, cab,	Mileage	Other (explain)	TOTAL
Estimated Total Expenses									
Total Travel Expenses									
PLEASE READ INSTRUCTIONS ON NEXT PAGE						BALANCE DUE EMPLOYEE			

Detailed receipts are required for all purchases (meals included-no alcohol)

All Purchases must be itemized

Comments or instructions:

AUTHORIZATION INFORMATION	
(Print and manually sign and date before and after)	
AUTHORIZATION FOR TRAVEL (BEFORE)	AUTHORIZATION FOR TRAVEL (AFTER)
Employee _____	Employee _____
Date _____	Date _____
Supervisor _____	Supervisor _____
Date _____	Date _____
Administrator _____	Administrator _____
Date _____	Date _____
Account Number _____	
(Accounting Use Only - Travel Claim #)	

San Mateo Union High School District

TRAVEL AUTHORIZATION AND REIMBURSEMENT INSTRUCTIONS

I TRAVEL AUTHORIZATION

1. Complete Travel Information portion of the form
 - a) Destination - Must identify all locations where business will be conducted.
 - b) Purpose of Travel - Please provide brief description of conference/trip.
2. Estimated Expenses
 - a) Include all estimated expenses of the trip, even if they are to be paid with purchase order.
3. Authorization for Travel
 - a) Must be signed and dated by the employee, supervisor, and site administrator.

II TRAVEL REIMBURSEMENT

1. Must be completed within ten working days after completion of trip.
2. Record all expenses incurred during the trip even if paid by Purchase Order.
 - a) Detailed receipts for all expenses (including a maximum of \$70.00 per day for meals) must be attached to the reimbursement claim.
3. Both signature blocks for Travel Authorization and Reimbursement Authorization must be completed.
4. Ensure that account number information is complete.

III MEALS (receipts, with detail, required)

1. Reimbursement is based on actual expenses to a maximum of \$70.00 per day. Do not include any meals provided and paid with the conference. Please provide detailed receipt of items ordered. STUB will not be accepted.
2. Pre-approval is required for consideration of increase to meal expenses
3. Alcoholic beverages (wine, liquor) can not be reimbursed.

IV LODGING

Not to exceed \$100.00 per night including taxes. Exceptions must be with prior approval by cabinet level administrator, i.e. hotel where conference is being held and room rate exceeds maximum allowance. Reimbursement will be at single occupancy rate.

V AIRFARE

30 day advanced fares provide the lowest fares. Make every effort to purchase a minimum of 30 days in advance. Request for airline travel that exceed \$300 round trip must be accompanied by three separate quotes from airlines

VI CAR RENTAL

Must be approved in writing in advance by cabinet level administrator.

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