

ALPINE COUNTY UNIFIED SCHOOL DISTRICT ~ ALPINE COUNTY OFFICE OF EDUCATION CLAIM FOR REIMBURSEMENT

PAYEE NAME: _____

PURPOSE OF TRIP/PURCHASE: _____

DATE	CLAIM DESCRIPTION (HOTEL, MILEAGE, MEALS ETC)	TOTAL
Total		

IMPORTANT: ALL TRIPS AND EXPENSES MUST BE SUPPORTED BY RECEIPTS.

_____ I am requesting a per diem rate based on Administrative Regulation #4133. Please indicate dates of trip and what variation of per diem you are requesting, rather than just writing "per diem."

Per diem rates: Breakfast \$16, Lunch \$19, Dinner \$28, Incidentals \$5, Daily Rate \$68, First & Last Day of Travel \$51

If you are requesting mileage please include maps of all destinations. Please note that the starting and returning point will be your work address. The standard mileage rate is \$0.725 per mile.

You will be notified when your reimbursement check is available for pick-up.

VERIFICATION: The undersigned under penalty of perjury, states that all items on this claim are true and correct, that no portion has been paid, that claim is presented within one year after last item is accrued.

Payee Signature and Date

Funding Resource (Administrator – Please Do Not Leave Blank)

Administrator Approval and Date

COUNTY or DISTRICT	FUND (2)	RES (4)	Y (1)	GOAL (4)	FUN (4)	OBJ (4)	SCH (3)	MGMT (4)	AMOUNT