

**CRESCENT SCHOOL DISTRICT #313
CLAIM FOR TRAVEL EXPENSES**

DATE	* BREAKFAST	* LUNCH	* DINNER	TOTAL	HOTEL ROOM	MILES	DESTINATION	PURPOSE OF TRIP
TOTALS								

* PER IRS REGULATIONS: REIMBURSEMENT OF MEAL EXPENSES TO EMPLOYEES IS CONSIDERED A TAXABLE FRINGE BENEFIT UNLESS THE EMPLOYEE IS REQUIRED TO STAY AWAY FROM HOME OVERNIGHT OR IS AWAY LONG ENOUGH THAT THE EMPLOYEE NEEDS TO GET SLEEP OR REST TO PROPERLY PERFORM DUTIES.

OTHER EXPENDITURES

DATE	PAID TO	FOR	** AMOUNT	DATE	FROM	TO	VIA	**AMOUNT
TOTALS								

** RECEIPTS MUST ACCOMPANY CLAIMS FOR OVERNIGHT ACCOMODATIONS, CONFERENCE REGISTRATION & FEES, AUTO STORAGES, COMMON CARRIER FARES AND ACTUAL FUEL REIMBURSEMENTS.

FOR TRAVEL AND INCIDENTAL EXPESNES INCURRED DURING THE MONTH(S) OF _____, AS SHOWN IN
DETAIL ABOVE, AND BY RECEIPTS ATTACHED:

MEALS..... \$ _____
HOTEL ROOMS..... _____
FUEL OR MILEAGE..... _____
..... _____
OTHER TRANSPORTATION..... _____
SUNDRY EXPENSES..... _____
..... _____
..... _____
TOTAL REIMBURSEMENT:..... \$ _____

I HEARBY CERTIFY UNDER PENALTY OF PERJURY
THAT THIS IS A TRUE AND CORRECT CLAIM FOR
NECESSARY EXPENSES INCURRED BY ME AND THAT
NO PAYMENT HAS BEEN RECEIVED BY ME ON
ACCOUNT THEREOF.

NAME (PLEASE PRINT)

SIGNATURE & DATE

PROGRAM/ACCOUNT CODE

APPROVED

REVISED 02/13