

- ☐ **SIERRA COUNTY OFFICE OF EDUCATION**
☐ **SIERRA – PLUMAS JOINT UNIFIED SCHOOL DISTRICT**
 PO BOX 955, LOYALTON, CA 96118

TRAVEL AND CONFERENCE EXPENSE CLAIM FORM

Name: _____ Address: _____ School: _____

MILEAGE-DESTINATION-PURPOSE

Date	Purchase Order #	Destination-Purpose	Mileage		
			Starting	Ending	Total

MILEAGE WILL ONLY BE PAID WHEN A SCHOOL/DISTRICT VEHICLE IS NOT AVAILABLE.

Automobile Mileage Allowance – Total Miles: _____ @ \$.58 = \$ _____

PER DIEM – NO RECEIPTS NECESSARY

Date	Purchase Order #	Purpose	Meals			Total
			B \$10	L \$11	D \$18	

PER DIEM REQUESTS THAT DO NOT MEET THE IRS OVERNIGHT RULE WILL BE PAID THROUGH PAYROLL

MISCELLANEOUS – DON'T FORGET YOUR RECEIPTS

Date	Purchase Order #	Specify Expense	Total

Signature of Claimant: _____ Total Expenses: \$ _____

Administrator: _____ Total Mileage: \$ _____

Approval/Superintendent: _____ **TOTAL:** \$ _____