



Claim for Travel Expenses

ADVANCE TRAVEL

Central Valley School District No. 356
 East 19307 Cataldo
 Spokane Valley, Washington 99016

Taxable Meals
 (Indicate by ✓)

Name _____ **School** _____

Destination _____ **Conference or Meeting** _____

Travel – Outside Spokane County		
21__	Meals	\$ _____
22__	Hotel/Motel Room (s)	\$ _____
23__	Mileage (miles x rate)	\$ _____
24__	Registration	\$ _____
25__	Other Transportation	\$ _____
26__	Miscellaneous Expenses	\$ _____
	SUBTOTAL of Expenses	\$ _____
Ck# _____	LESS AMOUNT OF FUNDS ADVANCED	\$ _____
	TOTAL	\$ _____

Travel approved by Superintendent/Board **Yes** **No**

Date _____

CERTIFICATION

I hereby 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.

SIGNATURE _____

TITLE _____

SUPERVISOR APPROVAL _____

BUDGET CODE _____

IN ORDER FOR THIS CLAIM TO BE PROCESSED FOR REIMBURSEMENT, YOU MUST:

1. Complete reverse side
2. Attach all receipts.

