

Claim for Travel Expenses
OUTSIDE SPOKANE COUNTY

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	\$ _____
TOTAL		\$ _____
.....		
Travel approved by Superintendent/Board		<input type="checkbox"/> Yes <input type="checkbox"/> 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.

