# LAKE CHELAN SCHOOL DISTRICT
# TRAVEL EXPENSE FORM (rev. 1/1/2026)

**TRAVEL EXPENSE CLAIM** (Complete and sign after returning.
Do not claim expenses paid directly by the District)

Name: _____

Purpose of Travel/Name of Training/Class: _____

City and State: _____

*Claims for reimbursement must be signed by the employee and their supervisor. *Meal reimbursement is taxable if there is no overnight stay." Employees must meet the three hour rule as defined by Policy 6213 and be in travel status prior to 6:30 a.m. to be eligible for breakfast, during the entire noon hour to claim lunch and after 6:30 p.m. to claim the dinner meal.*
*The employee must submit receipts for lodging, business expenses and for any taxi or purchased transportation expenses greater than $50.*
*The employee can only claim mileage if use of their personal vehicle was approved by their supervisor.*
*The mileage rate is seventy ($.76) as of 07/01/2026.*

| | | | MEALS (*receipts not required*) | | | | Lodging | Personal Vehicle | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Time Left | Time Returned | Breakfast $17 | Lunch $20 | Dinner $31 | Total Meals | *(Receipt required)* | Miles | Reimb. | Other expenses *(Attach Receipt, if applicable, and describe expense)* | *Amount* | Grand Total |
| | | | | | | 0 | | | 0 | | | $ - |
| | | | | | | 0 | | | 0 | | | $ - |
| | | | | | | 0 | | | 0 | | | $ - |
| | | | | | | 0 | | | 0 | | | $ - |
| | | | | | | 0 | | | 0 | | | $ - |
| | | | | | | 0 | | | 0 | | | $ - |
| | | | | | | 0 | | | 0 | | | $ - |
| | | | | | | 0 | | | 0 | | | $ - |
| | | | | | | 0 | | | 0 | | | $ - |
| | | | | | | | | | | Total Reimbursable Expenses | | $ - |
| | | | | | | | | | | Less Travel Advance Amount | | |
| | | | | | | | | | | Reimbursement Due Employee | | $ - |
| | | | | | | | | | | Attach Check if Advance exceeds Expenses | Ck. Amt. | |

*Employee 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.*

***Account Code(s)***

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____