

# LAKE CHELAN SCHOOL DISTRICT TRAVEL EXPENSE FORM (rev. 1/1/2024)

**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 sixty-seven (\$.67) as of 01/01/2024.

Date	Time Left	Time Returned	MEALS (receipts not required)				Lodging  (Receipt required)	Personal Vehicle		Other expenses  (Attach Receipt, if applicable, and describe expense)	Amount	Grand Total
			Breakfast \$12	Lunch \$16	Dinner \$25	Total Meals		Miles	Reimb.			
						0			0			\$ -
						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: \_\_\_\_\_