



**Santa Clara County
Schools' Insurance Group**
3233 Union Avenue
San Jose, CA 95124
Phone: (408) 558-0600 | Fax: (408) 558-0604

Travel Expense Claim

Attach All Receipts

| | | |
|-----------------|-------------------------------------|--|
| Claimant's Name | Phone Number | <p><i>Detailed receipts must be included for all expenses, except mileage, which must include map directions to verify mileage.</i></p> <p><i>Please, turn in original receipts with form and keep a copy for your records. If paid on district credit card and originals are required by district, then detailed copies are accepted, with a copy of the district's authorization form.</i></p> <p><i>Claims must be submitted within 30 days of expense.</i></p> |
| District | | |
| Address | | |
| City | State Zip Code | |

Date of Travel: From: _____ Through: _____

Location: _____

Conference or Activity: _____

| Item | Date: | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Category Subtotals |
|--|-------|--|-----|-----|-----|-----|-----|-----|--------------------|
| | | Breakfast * (\$11.00 maximum including tip) | | | | | | | |
| Lunch * (\$18.00 maximum including tip) | | | | | | | | | |
| Dinner * (\$30.00 maximum including tip) | | | | | | | | | |
| * Actual or maximum allowed based on IRS M&IE rate for Santa Clara County, whichever is less. Please attach detailed receipts. | | | | | | | | | |
| Lodging (room and tax only) | | | | | | | | | |
| Airfare | | | | | | | | | |
| Ground Transportation (taxi, shuttle, tips, rental car, | | | | | | | | | |
| Mileage (at current IRS rate) _____ miles @ _____ cents /mile | | | | | | | | | |
| Parking | | | | | | | | | |
| Other: | | | | | | | | | |
| Daily Subtotals: | | | | | | | | | |

Adjustment to Professional Development / Reimbursement Rate

Reimbursement rates: \$1,500 for 1st district participant, \$1,000 for 2nd district participant

Less:

Claim Total

\$

I certify that this claim represents a true statement of travel expenses incurred for official business of the JPA in accordance with current SCCSIG expense policies and that no expenses herein were reimbursed by other sources.

Claimant's Signature Date

SCCSIG Treasurer's Signature Date

Executive Director's Signature Date
(required for all SCCSIG employees)

| <i>SCCSIG Accounting Use Only</i> | | |
|-----------------------------------|---------------------|---------------|
| <i>Fund</i> | <i>Account Code</i> | <i>Amount</i> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | | \$ _____ |