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

# Travel Expense Claim

**2010 IRS Rates**

| Claimant's Name | Phone Number | |
|---|---|---|
| District | | |
| Address | | |
| City | State | Zip Code |
| | California | |

Detailed receipts must be included for all expenses, except mileage, which must include map directions to verify total miles traveled.

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. All reimbursemetns are made to District, unless otherwise stated.

Claims must be submitted within 30 days of expense.

Date of Travel: From: _____ Through: _____

Location: _____

Conference or Activity: _____

| Item | Date: | Sun | Mon | Tue | Wed | Thu | Fri | Sat | **Category Subtotals** |
|---|---|---|---|---|---|---|---|---|---|
| Breakfast<br>* ($10.50 maximum including tip) | | | | | | | | | |
| Lunch<br>* ($17.00 maximum including tip) | | | | | | | | | |
| Dinner<br>* ($28.50 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<br>(room and tax only) | | | | | | | | | |
| Airfare | | | | | | | | | |
| Ground Transportation<br>(taxi, shuttle, tips, rental car, | | | | | | | | | |
| Mileage (at current IRS rate)<br>_____ miles @ _____ cents /mile | | | | | | | | | |
| Parking | | | | | | | | | |
| Other: | | | | | | | | | |
| **Daily Subtotals:** | | | | | | | | | |

**Adjustment to Professional Development / Reimbursement Rate** Less: _____

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

**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

_____
Authorized Approval Signature Date

_____
SCCSIG Treasurer's Signature Date
(when required)

*SCCSIG Accounting Use Only*

| *Fund* | *Account Code* | *Amount* |
|---|---|---|
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| | | *$* |