

LAKESIDE UNION SCHOOL DISTRICT

TRAVEL AUTHORIZATION/EXPENSE REPORT

Name: _____ Dept./Site: _____

Travel Information:

Name of Activity: _____
 Location (City and State): _____ Travel Date(s): _____

DETAIL OF EXPENSE

ESTIMATED

Departure Date/Time: _____

Return Date/Time: _____

Registration \$ _____

Lodging _____ nights @ \$ _____ = \$ _____

Airfare \$ _____

If Privately Owned Vehicle Is Used:

From: _____

To: _____ And Return

_____ Miles @ \$ _____ Per Mile \$ _____

I certify I have a current CA driver's license and CURRENT liability v

(Please initial): _____

Rental Car \$ _____ Rental Gas \$ _____

Taxi/Shuttle/Uber/Lyft \$ _____

Hotel Parking \$ _____ Airport Parking \$ _____

MEALS

Per Diem \$59 (\$15/\$16/\$28)

Date	Breakfast	Lunch	Dinner	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Remarks (transportation shared with, etc.)

TOTAL COST \$ _____

Cash Advance (if applicable) \$ _____

FD	RE	GO	FN	5200010	SI	OU
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Employee Sign _____ Supervisor Signature _____ Date _____

ACTUAL

Departure Date/Time: _____

Return Date/Time: _____

Lodging _____ nights @ \$ _____ = \$ _____

Airfare \$ _____

If Privately Owned Vehicle Is Used:

From: _____

To: _____ And Return

_____ Miles @ \$ _____ Per Mile \$ _____

I certify I have a current CA driver's license and CURRENT liability v

(Please initial): _____

Rental Car \$ _____ Rental Gas \$ _____

Taxi/Shuttle/Uber/Lyft \$ _____

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MEALS

Per Diem \$59 (\$15/\$16/\$28)

Date	Breakfast	Lunch	Dinner	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total ACTUAL Expenses \$ _____

-Payments (Purchase Orders) \$ _____

Less: P-Card Charges \$ _____

TOTAL AMOUNT CLAIMED \$ _____

Please Check for Accuracy. All Claimed Amounts are FINAL.

FD	RE	GO	FN	5200010	SI	OU
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Employee Sign _____ Supervisor Signature _____ Date _____