

ISD #318 - Travel Expense Claim for Special Trips

Form C-3
Revised 1/1/2022

Name	Home Address: City, State and Zip Code	Instructions: This form is to be used by District #318 employees who have been authorized to claim reimbursement for travel expense for out-of-district trips. You must have prior approval by Form SRA/SD-1 (School Related Absence/Staff Development-1) and you must attach that form to this claim in order to receive reimbursement. Attach receipts for OTHER EXPENSES . Submit this claim to your Principal or Department Supervisor.
Destination	Name of Workshop, Meeting, Conference, etc.	
Meeting Start Time: a.m. p.m. Meeting End Time: a.m. p.m.		Did you spend the night? Yes No

Date of Expense	Automobile Travel			Meals Standard Rate			Other Expenses Lodging, Registration Fee, Parking, etc.	
	From	To	Mileage	\$7.00	\$11.00	\$23.00	Cost	Description
				Breakfast	Lunch	Dinner		
Totals								

Summary Totals:

Total Mileage _____ X Rate per Mile _____ = Mileage _____

Meals _____

Other Expenses _____

Less Advance _____

Total Due _____

(If Negative, Money Returned)

Code	Amount
Total	

I declare under penalties of law that this claim is just and correct and that no part of it has been paid previously except for any advance that may be shown on this claim.

Signature of District Employee	Date	Signature of Principal or Department Supervisor Date
Administrative Approval		Date