

# ISD #318 - Travel Expense Claim for Special Trips

Form C-3  
Revised 7/1/2022

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 <b>OTHER EXPENSES</b> . 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 <small>**Itemized receipts REQUIRED for reimbursement up to Standard Rate**</small>			Other Expenses <small>Lodging, Registration Fee, Parking, etc.</small>	
	From	To	Mileage	Breakfast <b>\$7.00</b>	Lunch <b>\$11.00</b>	Dinner <b>\$23.00</b>	Cost	Description <b>Receipts Must be Attached.</b>
<b>Totals</b>								

**Summary Totals:**

Total Mileage \_\_\_\_\_ X Rate per Mile \_\_\_\_\_ = Mileage \_\_\_\_\_

Meals \_\_\_\_\_

Other Expenses \_\_\_\_\_

Less Advance \_\_\_\_\_

Total Due \_\_\_\_\_

(If Negative, Money Returned)

Code	Amount
<b>Total</b>	

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