



The Travel Approval and Expense Claim form must be pre-approved before traveling. Submit claim within 30 days of travel whether or not expenses were incurred. Attach a copy of the Conference Registration Form & agenda, Original ITEMIZED Receipts, Credit Card Receipts, and any other documentation showing proof and method of payment. Items without valid receipts will not be paid. Please complete all sections. Incomplete claims will be returned.

<p>1. PRE-APPROVAL SECTION</p> <p><u>Purpose or Reason for Attending:</u></p> <p>For Staff Development? <input type="checkbox"/> YES 5200-005 <input checked="" type="checkbox"/> NO 5200-015</p>	<p>2. REGISTRATION EXPENSES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">DISTRICT PAID</th> <th style="width: 50%;">EMPLOYEE PAID</th> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td> <td style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> </table> <p>REGISTRATION FEE AMOUNT \$ _____</p>	DISTRICT PAID	EMPLOYEE PAID	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISTRICT PAID	EMPLOYEE PAID				
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				

 Claimant Signature	<u>3. Affidavit: Claimant Must Sign - even for \$0.00 Claims</u>	TOTAL ACTUAL TRAVEL COST TO DISBURSE \$0.00
3/29/18 Date	Claimant Signature _____ Date _____ I declare under penalty of perjury that the charges on this claim are for actual and necessary expenditures, is true and correct, and includes no expenses for alcoholic beverages.	
(Forward to Site Admin for Approval)		

<u>SITE ADMINISTRATOR APPROVAL:</u> Signature _____ Date _____ (Forward to Superintendent) <u>Conference Attendance is Approved</u>  Superintendent or Designee Signature _____ Date <u>4-2-18</u> (Return to Claimant)		<u>4. REPORT: Conference Evaluation: (Application to District Goals)</u> CONF EVALUATION <u> </u> Excellent <u> </u> Good <u> </u> Fair <u> </u> Poor WOULD YOU RECOMMEND THIS CONFERENCE? <u> </u> Yes <u> </u> No <u>5. APPROVED FOR PAYMENT BY:</u> Site Administrator _____ Date _____ ACCOUNT NUMBER: _____ Fnd _____ Res _____ Goal _____ Func _____ Schl _____ Loc _____	
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