

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
 375 Via Almar
 Palos Verdes Estates, CA 90274

CONFERENCE EXPENSE REFUND REQUEST

Payroll Name _____ Date _____

Position Title _____ School/ Department _____

I hereby present my claim for refund for expense in connection with attendance at

_____ held in _____ on (dates) _____

as authorized by the Board.

DATE: _____

Registration _____

Breakfast _____

Lunch _____

Dinner _____

Hotel _____

Telephone _____

Parking _____

Taxi Fare _____

Air Fare _____

Automobile I drove a total of _____ miles in my automobile at _____ cents per mile = \$ _____.

Other Expense _____

TOTAL _____

TOTAL EXPENSE _____ SIGNATURE _____

Account Number _____ Approval _____

(Principal/ Dept. Head Signature required)

Please list all expenditures related to this conference and **attach itemized receipts** and submit to Accounting.

DOCUMENTATION REQUIRED FOR ALL CLAIMED EXPENSES.