

Western Statewide CTE Consortium Reimbursement Authorization

**Copies of receipts are required for ALL expenses listed, except for meals & gas mileage*

Name(s): _____ District: _____

This reimbursement request is for the following (please check all that apply):

Registration Fees
 Travel Expenses
 Subscriptions, Certifications, Licenses, etc.

Complete the following fields according to the purpose(s) checked above:

Registration Fees..... **Actual Total Cost** _____

Name of Conference/Event _____

Dates(s) of Conference/Event _____

Travel Expenses

**Departure dates/times need to be accurately documented to determine meal per diem rates.*

Departure Date (from home/school) _____ Departure Time _____

Return Date (to home/school) _____ Return Time _____

Lodging..... **Actual Total Cost** _____

Rate per night _____ Number of Nights _____

Meals..... **Actual Total Cost** _____

**Meals included at the event cannot be included in the meal allowances.*

Current meal per diem rates:

Breakfasts = \$6 in-state; \$10 out-of-state # of Breakfasts _____ @ \$ _____

Lunches = \$14 in-state; \$18 out-of-state # of Lunches _____ @ \$ _____

Dinners = \$20 in-state; \$28 out-of-state # of Dinners _____ @ \$ _____

Mode(s) of Transportation

Vehicle Travel..... **Actual Total Cost** _____

Personal or School Vehicle Total Miles _____ @ \$0.51/mile (current mileage per diem rate)

Airline Travel..... **Actual Total Cost** _____

Airline Ticket Cost _____ Checked Baggage Fees _____ # of Checked Bags _____

Other Transportation..... **Actual Total Cost** _____

Parking Fees Rideshares (Uber, Lyft) Shuttle Fees

Taxi Fares Car Rental Fees

Subscriptions, Licenses, Certifications, etc. **Actual Total Cost** _____

Describe what service(s)/item(s) were paid for and provide the name of the company who was paid.

**If including multiple items, please provide the dollar amounts paid/to be reimbursed for each.*

Grand Total of Reimbursement _____

*I hereby certify that the above expenses were actually incurred by me in the performance of my duties as an employee of the above named participating Western Statewide Consortium school district, and I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, it is true and correct.

(Signature)

(Date)