



Shasta Secondary  
Education Association

2500 Eureka Way, Ste. 923, Redding CA 96001

(530) 241-4161 x. 15923

## Conference Travel Expense Claim

Name \_\_\_\_\_ Date \_\_\_\_\_

Conference / Meeting title \_\_\_\_\_

Conference / Meeting dates \_\_\_\_\_ to \_\_\_\_\_

Departure date \_\_\_\_\_ time \_\_\_\_\_ Return date \_\_\_\_\_ time \_\_\_\_\_

Conference / Meeting benefits to SSEA \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### ACTUAL COSTS

<b>TRANSPORTATION</b>	Flight	_____
	Shuttle / Cab fare	_____
	Round trip miles (private car) x .58 =	_____

<b>LODGING</b>	Hotel name	_____
	# of nights @ \$	_____

<b>MEALS PER DIEM*</b>	Breakfast(s)	_____ @ \$11.00 =	_____
	Lunch(es)	_____ @ 12.00 =	_____
	Dinner(s)	_____ @ \$23.00 =	_____

\*Alcohol not included

**TOTAL EXPENSES** \_\_\_\_\_

**ADVANCE PAYMENT ONLY:**

Payable to \_\_\_\_\_ Amount \_\_\_\_\_

**Please attach copies of all receipts and tickets (receipts for meals not required).**

**I agree to submit a Conference Travel Expense Claim with a detailed listing of each actual expense, with all receipts attached.**

Signature \_\_\_\_\_ Date \_\_\_\_\_