

**BAKERSFIELD CITY SCHOOL DISTRICT**

Education Center, 1300 Baker Street  
Bakersfield, California 93305

Revised January 2023

**CLAIM FOR MEETING / CONFERENCE / WORKSHOP**

Authorized reimbursement must be approved by the Department Head (Superintendents/School Administrators/Directors) recommending the request (approved Request to Attend Meeting/Conference/Workshop) and **MUST BE ACCOMPANIED BY ALL NECESSARY RECEIPTS BEFORE PAYMENT WILL BE MADE.** The claimant shall submit three NCR copies (retaining the fourth NCR copy) to the appropriate Department Head who will submit the claim to Accounts Payable following review and approval. **THIS FORM MUST BE SUBMITTED EVEN THOUGH AN ADVANCE CHECK OR PURCHASE ORDER HAS BEEN USED TO COVER EXPENSES.**

**Read and Follow Guidelines on Reverse Side of Form #30-0-095 Before Completing This Form**  
**Failure to comply with guidelines will result in delay of payment**  
**FORM MUST BE PRINTED ON STORE STOCK NCR FORM #30-0-095**

Employee Name \_\_\_\_\_ School/Department \_\_\_\_\_

Employee Identification No. \_\_\_\_\_ Prepared By \_\_\_\_\_ Extension \_\_\_\_\_

Name of Meeting/Conference/Workshop \_\_\_\_\_

Location - City and State \_\_\_\_\_ Date(s) \_\_\_\_\_

| Date(s) of Expenditure                                                                                               |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Lodging - Hotel/Motel<br><i>\$180.00 maximum unless approved on Exemption From BCSD Maximum Hotel Room Rate Form</i> |  |  |  |  |  |  |  |
| Registration Fees                                                                                                    |  |  |  |  |  |  |  |
| Transportation <i>(other than private car)</i>                                                                       |  |  |  |  |  |  |  |
| Transportation <i>(private car)</i><br>Miles _____ Per Mile 0.655<br><i>(IRS mileage allowance)</i>                  |  |  |  |  |  |  |  |
| Breakfast \$14.00                                                                                                    |  |  |  |  |  |  |  |
| Lunch \$16.00                                                                                                        |  |  |  |  |  |  |  |
| Dinner \$29.00                                                                                                       |  |  |  |  |  |  |  |
| Telephone                                                                                                            |  |  |  |  |  |  |  |
| Parking, Taxi, Limo, etc.                                                                                            |  |  |  |  |  |  |  |
| Other Expenses                                                                                                       |  |  |  |  |  |  |  |
| <b>Daily Totals</b>                                                                                                  |  |  |  |  |  |  |  |

|                                                                                                                                                                              |  |                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|--|
| I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses by me and that no payment has been received by me on account thereof: |  | <b>TOTAL OF CLAIM</b>                                      |  |
|                                                                                                                                                                              |  | Less Advance Travel Expenses Check or P.O. No.             |  |
| Claimant's Signature _____                                                                                                                                                   |  | Date _____                                                 |  |
| Signature of Department Head/Site Administrator _____                                                                                                                        |  | Date _____                                                 |  |
| Supt. Approval Date _____                                                                                                                                                    |  | Program Title _____                                        |  |
| Budget Account Code _____                                                                                                                                                    |  | Component _____                                            |  |
|                                                                                                                                                                              |  | REFUND due District<br><i>(from unused Advance Monies)</i> |  |
|                                                                                                                                                                              |  | DISTRICT CHECK NO.                                         |  |
|                                                                                                                                                                              |  | DISTRICT RECEIPT NO.                                       |  |