

# Pasadena Unified School District

Pasadena California

## Reimbursable Conference Expense Report

(Original receipts must accompany this request)

\_\_\_\_\_ Date

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

School: \_\_\_\_\_  
 Department: \_\_\_\_\_

Account Number

				5220	
Fund	Resource	Goal	Function	Object	Location

Date(s): \_\_\_\_\_  
 Conference: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Starting Address for mileage calculation: \_\_\_\_\_  
 \_\_\_\_\_

Green Sheet Number: \_\_\_\_\_  
 Approval Date: \_\_\_\_\_  
 P.O. / Requisition Number: \_\_\_\_\_

	Date						Total
Transportation Via:							
Parking							
Sustenance \$40 / day including tax gratuity							
Lodging							
Registration Fee							
Other (Itemize)							
<b>Per Diem Total</b>							

This is to certify that the above expenses were incurred without any financial profit to me.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature of Claimant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Administrator / Supervisor Signature

\_\_\_\_\_  
 Date

8-Nov

Revised: August 2009 aw / vr