



# Bus Driver Meal Expense Claim Form

Name \_\_\_\_\_ Month/Year \_\_\_\_\_

**Reference PSE Collective Bargaining Agreement Section 5.8.8.1:**

On off-island one day trips, the driver's meals shall be paid by the District **after a receipt has been submitted.**

**Reference SJISD Travel Policy/Procedure 6213P:**

Travel reimbursement for bus drivers shall be as negotiated in the PSE Agreement. Meal reimbursement shall not exceed **\$50.00 per day (\$13.00 breakfast, \$14.00 lunch, \$23.00 dinner)** and is subject to negotiated guidelines.

**Reimbursement of Claims:** Approved claims must be submitted to the District business office at least twenty (20) days prior to a regular Board meeting, and must be submitted no later than 30 days past the dates of travel.

Date	Meals	Destination	Reason for Trip

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

Additional notes \_\_\_\_\_

\_\_\_\_\_

I hereby certify under penalty of perjury this is a true and correct claim for necessary expenses incurred by me, and that no other payment has been received for these expenses.

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Transportaion Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_