



Bus Driver Meal Expense Claim Form

Name _____ Month/Year _____

Reference PSE Collective Bargaining Agreement Section 5.8.7.1:

On off-island one day trips, the driver's meals shall be paid by the District

Reference SJISD Travel Policy/Procedure 6213P:

Travel reimbursement for bus drivers shall be as negotiated in the PSE Agreement. Meal reimbursement shall not exceed **\$68.00 per day (\$17.00 breakfast, \$20.00 lunch, \$31.00 dinner)** Breakfast if driver departs on the first scheduled ferry of the day. Lunch if the driver is in paid status between 11am -2pm. Dinner if the driver is in paid status after 7pm. **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	Time of Departure	Time of Return	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 _____

Transportation Supervisor Approval _____ Date _____