Conference and Travel Expense Claim

ATTACH RECEIPTS

Sonoma County Office of Education

Note: Claims must be submitted by the 10th of the month for expenses incurred the previous month. If more than one claim form is required, each form must be signed by the claimant. Claims submitted without vendor number or receipts will be returned. Please keep a copy for your records.

Name_____ Dept _____ Travel Month _____

Address_____ City_____ Zip_____

Date	DESTINATION From	DESTINATION To	Mileage	Purpose	MEALS B	MEALS L	MEALS D	DAILY TOTALS
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
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								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00

Mileage Computation 0.00 (total miles) x $0.555 (rate) = $ 0.00

A - Total Daily Expenses	0.00
B - Total Mileage Amount	0.00

Conference and Out-of-County Travel

Date	Conference Attended	Time Departed	Time Returned	TRAVEL EXPENSES Park/Taxi	Bridge	Hotel	Registration	Other	
									0.00
									0.00
									0.00
									0.00
									0.00

Budget Code(s) (FD – RES – Y – GOAL – FUNC – OBJ – SCH – MGMT; XX – XXXX – X – XXXX – XXXX – XXXX – XXX – XXXX)	Amount
	$0.00

C - Total Travel	0.00
A + B + C = Total Claim	0.00
Less Advance	0.00
AMOUNT DUE	0.00

Claimant certifies that above data is a true and correct statement of actual and necessary expenses incurred while on official business for the Sonoma County Office of Education and that they have a current California Driver's License and auto insurance in effect. (Verification must be on file in Business Services.)

Claimant Signature _____ Date _____

Department Director Signature _____ Date _____

Superintendent or Designee Signature _____ Date _____

For Business Services Use Only Travel Claim Number _____ Audited By _____

WHITE (original) - Business Services
BUS 4330.02

YELLOW (copy 1) - Business Services

PINK (copy 2) - Claimant
Revised April 2010