

Claim for Reimbursement

Sonoma County Office of Education

TO: Sonoma County Office of Education
 5340 Skylane Boulevard
 Santa Rosa, CA 95403

This claim is submitted for reimbursement for the following service(s) furnished to the Sonoma County Superintendent.

DESCRIPTION OF SERVICE(S) FOR WHICH REIMBURSEMENT IS REQUESTED (Specify dates where applicable)

Consultant Fee

Total Fee _____ days/hours at \$ _____ per day/per hour \$ _____

Expenses (actual)

Travel Expense \$ _____
 Lodging \$ _____
 Per Diem (if applicable)..... \$ _____
 Secretarial/Clerical..... \$ _____
 All Other \$ _____
 Total Expenses..... \$ _____
 TOTAL COSTS OF SERVICES \$ _____

Certification by Public Agency Employee (if applicable)

I hereby certify that while serving as a consultant to the Sonoma County Superintendent from _____, 20 ____ to _____, 20 _____, inclusive, for which the above claim for services (and expenses) is made, I did not receive salary or other remuneration from any other public agency for these specific calendar days (other than vacation pay).

Signature _____ Date _____

<p>Make Warrant Payable to (Type or print legibly)</p> <p>Name _____</p> <p>Home Address _____</p> <p>_____</p> <p>Social Security No. _____</p>	<p>Sonoma County Office of Education Approvals</p> <p>Requested by: _____ Date _____</p> <p>Approved by: _____ Date _____</p> <p>PO # _____</p>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Budget Classification</td> <td style="width:30%; text-align: right;">Amount(s)</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: right;">_____</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: right;">_____</td> </tr> </table>		Budget Classification	Amount(s)	_____	_____	_____	_____
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_____	_____						
_____	_____						

Instructions: This form is to be used to support payments for services and may include travel reimbursement, if applicable. For payment, submit two copies of this form and the receiving copy of the purchase order to Business Services.