

# 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		Mileage	Purpose	MEALS			DAILY TOTALS
	From	To			B	L	D	

**Mileage Computation**      \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
total miles                                  rate

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

**Conference and Out-of-County Travel**

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

Budget Code(s)	Amount
FD - RES - Y - GOAL - FUNC - OBJ - SCH - MGMT XX - XXXX - X - XXXX - XXXX - XXXX - XXX - XXXX	

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

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 \_\_\_\_\_