Conference and Travel Expense Claim

Sonoma County Office of Education

Attach Receipts

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	
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								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 $ 0.585 (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
Total Budgeted Amount	$ 0.00

C - Total Travel	$ 0.00
A + B + C = Total Claim	$ 0.00
Less Advance (enter as a negative)	
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 _____

Supervisor Signature _____ Date _____

Department Director/Superintendent _____ Date _____

For Business Services Use Only Travel Claim Number_____ Audited By _____