# 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<br>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 _____