

San Benito County Office of Education Overnight Travel/Conference Approval and Expense Claim Form

See instructions for assistance in completing form.

Part A - Pre-approval

Name: _____	Title: _____
Address: _____	Department: _____
Contact name: _____	Substitute needed: _____ (if yes, contact personnel dept.)
Contact telephone: _____	
Title of conference, date, place: (Attach copy of workshop flyer/registration form for approval and for all expenses.)	
Signature: _____	Date: _____
Approval: I find that the proposed travel meets the requirements of SBCOE's policy(ies) and is consistent with the scheduling of any conference or training session to be attended.	Disapproved by Supervisor: State reason on back of form
Supervisor's signature: _____	Date: _____

Part B - Superintendent's Approval

Approval: I find that the proposed travel meets the requirements of SBCOE's policy(ies) and is consistent with the scheduling of any conference or training session to be attended.	Disapproved by Superintendent: State reason on back of form
Superintendent's signature: _____	Date: _____

Part C - Itemized Expenses

Item	Estimated Expenses	Itemize Expenses paid by employee (list day and date)							Total Reimbursement
		Sun - Date:	Mon- Date:	Tue- Date:	Wed-Date:	Thur- Date:	Fri- Date:	Sat- Date:	
1) Registration									0.00
2) Lodging									0.00
3) Airfare									0.00
4) Breakfast - \$20 (receipt required)									0.00
4) Lunch - \$25 (receipt required)									0.00
4) Dinner - \$35 (receipt required)									0.00
5) <u>Personal Vehicle</u> # of miles @ current COE rate 0.67		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6) Bridge tolls (No receipt)									0.00
7) Parking (Receipt if over \$5)									0.00
8) Taxi/Shuttle (no receipt)									0.00
9) Telephone/Internet									0.00
10) Incidentals \$5 night-(receipt required)									0.00
11) Other									0.00
Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$ -

Valid Insurance Carrier: _____ **Expiration Date:** _____

Budget Code: _____

Budget Code: _____ \$ -

Budget Code: _____ \$ -

Budget Code: _____ \$ -

Fund - Resource - Yr - Object - Sub - Goal - Function - Site

Total \$ \$ -

Part D - Signatures certifying and approving expenses incurred

I hereby certify that:	
1. I departed and returned on the dates indicated above.	PO # _____
2. The above is accurate accounting of my incurred expenses while in travel status.	
3. The expenses claimed above are not reimbursable to me or to SBCOE from any other source.	
4. I have attached all required <u>itemized</u> receipts and conference flyer.	
Employee's signature: _____	Date: _____
Supervisor's signature: _____	Date: _____