

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) Personal Vehicle # of miles @ current COE rate \$0.70		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: _____

**SAN BENITO COUNTY OFFICE OF EDUCATION
MILEAGE AND DAY TRAVEL REIMBURSEMENT FORM**

Note: Submit to Accounts Payable at least once a month.

Name _____ PO # _____
 Home Address _____ CA _____ State _____ Zip _____
 Primary Site _____ Street _____ City _____ State _____ Zip _____
 Month/Year of Travel _____
 Check here if this is a NEW address
 Claimant Telephone Number _____

Date	Miles	Origin and Destination - By City or Actual Places Visited	Purpose for Travel	Misc. Expenses (eg., toll, parking, lunch, etc.)	Amount

Total Miles _____ This Page _____ Total Misc Expenses _____
 Total Miles _____ Second Page (if applicable) _____ Current Rate per Mile \$0.70 @ _____

Total Miles _____ Total Reimbursement \$ _____
 Insurance Carrier _____

Charges to each line of PO
 Fund - Resource - Yr - Object - Sub - Goal - Function - Site
 Total (Must equal Total Reimbursement) \$ _____

1) If claiming meals in misc expense, you must provide a copy of an agenda or conference flyer.
 2) Itemized receipts MUST be included for meals (breakfast=\$20, lunch=\$25, dinner=\$35), parking under \$5 or toll.
 3) I hereby certify that I possess a valid California driver's license, and I have insurance coverage as prescribed by Vehicle Code Division 7, Chapter 3, Article 2, Section 16451.
 4) The above is true and correct to the best of my knowledge and belief.

Claimant Signature _____ Date _____ Approved by _____ Date _____