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: _____

_____ Substitute needed: _____ (if yes, contact personnel dept.)

Contact name: _____ 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) Sun - Date:	Mon- Date:	Tue- Date:	Wed-Date:	Thur- Date:	Fri- Date:	Sat- Date:	Total Reimbursement
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 0.76		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 itemized 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 #** _____ **Month/Year of Travel** _____

Home Address _____ CA ☐ **Check here if this is a NEW address**

Street **City** **State** **Zip**

Primary Site _____ **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 Miles _____ **Second Page (if applicable)**

Total Misc Expenses -

Charges to each line of PO

Fund - Resource - Yr - Object - Sub - Goal - Function - Site	
Total (Must equal Total Reimbursement)	**$ -**

Total Miles _____ **Current Rate per Mile** **@ 0.76** -

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.

Insurance Carrier _____

_____ _____ _____ _____

Claimant Signature **Date** **Approved by** **Date**

SH:mmr 7/1/26 Mileage