

# SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION

3350 Education Drive, San Luis Obispo, Ca 93405

## Claim - Conference & Travel

You may wish to keep a copy of this form for your records

Vendor Number

### Claimant Information

Date:  Name:

Mailing Address:

Street Address City State Zip Code

Work Location:  Phone:

Substitute:  # of Days:  Rate:  Total:

99-9999-9-9999-9999-9999-999-999-9999  
Fund-Resource-Year-Goal-Func-Object-School-Mgmt-Unit

### Conference Information - *Please attach an agenda, certificate of completion or other proof of attendance.*

Conference Title:

Location(s):

Dates Held:

### Mileage Reimbursement (only if personal vehicle used)

				Estimated		Actual
Date	Depart Time	Return Time	Destination/Reason	Miles		Miles

### Registration\*, Parking and Lodging Information

*Note: Receipts required for registration, lodging and parking.*

*\*Must include documented proof of attendance*

Mileage x .54:

Registration Fee:

Parking Fee/Bridge Tolls:

Lodging: Number of Nights:  Rate:

### Meals (When Overnight Stay Occurs)

	Breakfast (\$7)	Lunch (\$11)	Dinner (\$23)		
Date	Breakfast (\$7)	Lunch (\$11)	Dinner (\$23)	Meal Expense	Meal Expense

Incidentals (explain and attach receipts)

Total Meals:

Incidentals:

Total Expenses:

Paid by Cal Card:

Reimbursement:

Fiscal Use Only

Budget Code:

Budget Code

Budget Code

Budget Code:

Budget Code:

Budget Code:

Amount:

Amount:

Amount:

99-9999-9-9999-9999-9999-999-9999-9999  
Fund-Resource-Year-Goal-Func-Object-School-Mgmt-Unit

### Certificate of Claimant

*I hereby certify that the above is a true statement of expenses incurred by me while on official business for the San Luis Obispo County Superintendent of Schools.*

### Approved and Ordered Paid

Signature

Date

Signature

Date