## **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	

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Date:			Name	:						
Mailing Add	ress:									
		Street Addre	ess		City			State	Zip Code	
Work Locati	ion:					Phone:				
Substitute:						# of Days:	Rate:		Total:	
			9999-9-9999-9999-99 urce-Year-Goal-Func-	99-999-9999 Object-School-Mgmt-Uni	it					
rence Inf	orma	tion - Pleas	se attach an ag	genda, certificate	of complet	ion or other p	roof of attendar	ce.		
Conference	Title:									
Location(s):	: [									
Dates Held:	: [									
Mileage Re	imburs	sement (on	ly if personal	vehicle used)				E	stimated	Actual
Date		art Time	Return Time		Destina	ation/Reason	l		Miles	Miles
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Registration*, Parking and Lodging Information  Note: Receipts required for registration, lodging and parking.  Registration Fee:										
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*Must include	docume	ented proof of	attendance	· ·······g·						
*Must include	docume	ented proof of	attendance				Fee/Bridge Tol	s:		
*Must include	docume	ented proof of	attendance	Lodging: Numb	per of Nigh	Parking	Fee/Bridge Tol	s:		
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*Must include <b>Meals</b> (When	docume n Overni	ented proof of	attendance urs)	Lodging: Numb	per of Nigh	Parking ts: F	Rate:		al Expense	Meal Expe
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