

Vendor Number

Workshop/Training/Conference Pre-Authorization & Reimbursement Form

Pre-Approval for all conferences required

Attendee Information

Today's Date: Name:

Mailing Address:

Street Address City State Zip Code

Work Location: Phone:

Event Information - Complete prior to event

Title:

Dates: Location:

Estimated Meals: (When Overnight Stay Occurs) [Based on GSA](#)

Date	Breakfast	Lunch	Dinner	Meal Total

Registration:

Check/PO #: Lodging: # Days: X Cost per Night:

Meals:

Mileage x .670: Fleet Days x \$28: + Fleet Miles x .40: Other:

Estimated Costs

Estimate Total: Date: Approved By: Signature:

Claim Information - Complete after event

Registration, Parking and Lodging Information

Receipts required for registration, lodging and parking.
Must include documented proof of attendance

Registration:

Check/PO #:

Lodging:

Meals: (Itemize)

Mileage x .670:

Other: (Itemize)

Actual Costs

Actual Total: Paid by Cal Card: Reimbursement: Itemized Meals: (When Overnight Stay Occurs) [Based on GSA](#)

Date	Breakfast	Lunch	Dinner	Meal Total

Itemized Other: (Parking, Tolls, etc.)

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 Office of Education.

Signature

Date

Signature

Date

Approved and Ordered Paid

Fiscal Use Only

<input type="text"/>
<input type="text"/>
<input type="text"/>

Budget Code:

Amount:

Budget Code

Amount:

Budget Code

Amount:

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

Updated 01/16/2024