

Staff Development Meal Reimbursement Affidavit

Complete and sign when itemized meal receipts are unavailable. Proof of payment is still required.

Date: _____

Total amount on receipt: _____

Date: _____

Total amount on receipt: _____

Date: _____

Total amount on receipt: _____

Date: _____

Total amount on receipt: _____

Date: _____

Total amount on receipt: _____

I acknowledge that I have complied with the [County of Sonoma Administrative Policy 3-2, Travel and Meal Reimbursements: Within County, Out of County \(Within State\), and Out of State](#). I further acknowledge in compliance with this policy, that ineligible expenses such as alcoholic beverages are not included in any of the expenses above for which I am seeking reimbursement.

Signature: _____

Date: _____