

Employee Information

Name _____

Address _____
(Home Mailing)

City _____ Zip _____

Employee ID # _____ FIN Vendor # _____

Meals

Do not include meals included in room rate or meeting/conference registration fee.

_____ Breakfasts (\$13) _____ Lunches (\$17) _____ Dinners (\$36)

_____ Complete Days (\$66) **Total Meals** \$ _____

Description of Travel

Purpose _____

Destination(s) _____

Date(s) _____
Date & Time travel started and stopped

Business Meals

Must attach detailed/itemized original receipt.

Purpose _____

Attendees _____

_____ Amount \$ _____

Transportation

Include Google Map or Mapquest for mileage.

Private Auto _____ miles @ \$.565 / mile. ☐ See [log](#) for detail. \$ _____

☐ County Car/Carpool Used

Airfare \$ _____

Shuttle/Taxi/Car Rental \$ _____

Misc Transportation Expenses \$ _____
(Parking, Gas, Tolls, etc.)

_____ \$ _____

Except for mileage claim, attach
itemized original receipt

Total Transportation \$ _____

Miscellaneous Expenses

Include misc reimbursable hotel charges, registration fees, materials, etc.
Attach itemized original receipts

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Miscellaneous Expenses \$ _____

Lodging

Nightly Rate should include room charges & taxes only.

Location _____ (Nightly Rate) _____ nights @ \$ _____ \$ _____

Location _____ nights @ \$ _____ \$ _____

Attach itemized original receipts. **Total Lodging** \$ _____

Notes

Accounting

LIAcct	Program	Org Unit	Project	Activity	Area

Authorization

Undersigned states that all items on this claim are true and correct and within SB County Travel Policy.

Employee Signature _____ Date _____ Phone / Ext _____

Authorized Signature (if applicable) _____ Date _____ Phone / Ext _____

Summary

Total Travel Expense \$ _____

Less: Previous Reimbursements/
Cash Advance \$ _____

Less: County Credit Card \$ _____

Paid by Others/Paid for Others \$ _____
(Explain in Notes)

Net Amount due to Employee \$ _____