

**MONTEREY COUNTY OFFICE OF EDUCATION**  
**TRAVEL AND EXPENSE REIMBURSEMENT CLAIM**

Name	Department	Soc Sec Number XXX-XX-	Month	Year
Mailing				
Address				
<input type="checkbox"/> Check if new address				

SECTION A - TRAVEL & CONFERENCE CLAIM										SECTION B - EXPENSE REIMBURSEMENT		
Date	Location & Purpose of Trip of Meeting (From / To - Purpose)	Private Auto Miles	Conference & Workshop Expenses						Date	Item Purchased	Cost	
			Depart Return	Travel Expense	Lodging Cost	Meals	Register Fees	Other				
											TOTAL	
SECTION C - CERTIFICATION												
I hereby certify that the travel and other expenses listed above are true and correct and present this claim for refund. I agree to maintain insurance on my automobile. I will submit insurance verification upon request												
Signature of employee												
Date												
Page/Grand TOTAL												

*USE ADDITIONAL FORM, IF NEEDED FOR TRAVEL DATES*

SECTION D - APPROVALS AND CLASSIFICATION OF EXPENSES											SECTION - E SUMMARY			
APPROVALS		ACCOUNT NUMBERS								AMOUNT				
		Funds	Resource	Year	Goal	Function	Object	School	Local	Manager		Col 3 x mile rate		
		Department Div. Head - Date   Superintendent or Deputy - Date												Col 5
												Col 6		
													Col 7	
													Col 8	
												Col 9		
												Col 12		
<b>TOTAL</b>											LESS Cash Advance			
											TOTAL CLAIM			