

**SUTTER COUNTY SUPERINTENDENT OF SCHOOLS
Travel Expense Claim**

NAME _____ DATE OF CLAIM _____

ADDRESS _____

CONFERENCE/PURPOSE _____

DATES: From _____ To _____ LOCATION: _____

DATE									TOTAL
Registration Fee:									
Lodging:									
Hotel									
Transportation:									
Airlines									
Train									
Bus									
Car Rental									
Taxi/Uber/Lyft									
_____ miles @ _____ ¢									
Meals & Incidentals									
Breakfast									
Lunch									
Dinner									
Incidentals									
Other:									
Parking Fees									
Tolls									
LESS PREPAID EXPENSES AND CASH ADVANCES									
TOTAL									

DETAILED RECEIPTS MUST BE ATTACHED TO FOR ALL EXPENSES (EXCEPT FOR MEALS & INCIDENTALS)

I hereby certify that the above statement represents the actual and necessary expenses incurred for the purposes indicated above.

Signature of Claimant

Signature of Administrator

Budget Code: _____	Employee ID# _____
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jm11/16/99
revised 2/26/03
revised 9/29/03
revised 8/16/05
revised 10/19/19