

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

NAME _____ DATE OF CLAIM _____

ADDRESS _____

DATES: From _____ To _____ LOCATION: _____

DATE									TOTAL
Conference/Purpose									
Registration Fee:									
Lodging:									
Hotel									
Portering Service									
Telephone Calls									
Transportation:									
Airlines									
Train									
Bus									
Car Rental									
Taxi									
_____ miles @ _____ ¢									
Food:									
Breakfast									
Lunch									
Dinner									
Other:									
Parking Fees									
Tolls									
LESS PREPAID EXPENSES AND CASH ADVANCES									
TOTAL									

DETAILED RECEIPTS MUST BE ATTACHED TO VERIFY THE ABOVE EXPENSES.

****Any reimbursement without a receipt is reportable income.****

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: _____	V# _____
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jm11/16/99
revised 2/26/03
revised 9/29/03
revised 8-16-05

Proof of insurance is mandatory for any mileage claim.