

**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									
Daily Per Diem:									
Standard									
High-Cost Locality									
Other:									
Parking Fees									
Tolls									
<b>LESS PREPAID EXPENSES AND CASH ADVANCES</b>									
<b>TOTAL</b>									

**DETAILED RECEIPTS MUST BE ATTACHED 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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