

COLUSA COUNTY OFFICE OF EDUCATION

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Travel Expense Claim Form

NAME:					DATE OF CLAIM:				
ADDRESS:									
DATES: From:						Employee ID			
- CONFERENCE N						•			
	Su	n Mon	Tue	Weds	Thu	Fri	Sat	TOTAL	
DATE									
Hotel*									
Transportation*									
Parking Fees*									
Tolls*									
Miles Traveled*									
Mileage @	/mile								
**Per Diem		**Receipts are	not required	d for per dier	m meals & i	incidentals ((I&M)		
	fast (\$16)	1 1000.000		10. po. a.o.					
	nch (\$17)								
	ner (\$31)								
	ntals (\$5)								
SUBTOTA	` '								
LESS PREPAID									
EXPENSES AN									
AD	VANCES								
TOTAL CLA	IM								
*DETA	ILED RECEIPTS/BA	ACK-UP MUST I	BE ATTACH	ED TO VERI	FY THE AB	OVE EXPEN	SES (EXCEPT	M&I).	
Per Diem Meals on fi day. See Superintend						mum reimb	ursable M&I	is \$51.75/travel	
		-							
Breakfast is between	7:00 AM and 10:	00 AM; Lunch is	between 11	:00 AM and	1 2:00 PM;	Dinner is be	tween 5:00 I	PM and 8:00 PM.	
**A banquet breakfa	st, luncheon or di	nner, which is ar	n official par	t of a confer	ence and fo	or which the	re is a prescri	bed fee, may exceed	
•			•				•	onference, that meal	
shall not be paid to t	he employee.								
hereby certify that t	the above are actu	ial and necessary	, expenses ir	ncurred durii	ng the cour	se of official	duties.		
, ,		•	•		Ü				
<u> </u>									
Signature of Clair	mant			Si	gnature o	of Author	izer		
Budget Code(s):	ED DESC	YR - OBJT - GO	ΔΙ - ΕΙΙΝΙĆ	SCH - BDBG	S - TVPF				
.,	XX XXXX	X XXXX XXX		XXX XXXX	XXXX		%		
							+		