VENTURA COUNTY OFFICE OF EDUCATION
5189 Verdugo Way, Camarillo, CA 93012

Travel Expense Claim Form

Month/Year: _____

DISPOSITION OF CHECK
☐ Mail to home
☐ Will pick up

Employee(Print Name): _____ **Dept/Location:** _____

Employee Address: _____

1. **Meeting Attended** _____
Purpose/Location _____

Please Check ☐ **Same Day Travel** ☐ **Overnight Travel**
☐ **Prof Organization** ☐ **Convention/Conference** ☐ **Customer Meeting** ☐ **Other** _____

Travel Start Time: _____
Travel End Time: _____

Event	Cost	Requirements
Breakfast	$20.00	Before 6 AM
Lunch	$25.00	At or before 11 AM
Dinner	$35.00	Ends after 7 PM
Max per day	$80.00	If all meals are earned based on travel times.

	Month/Date						Totals
2.	**Travel** Plane, bus, train fares etc.						$0.00
	Taxi, shuttle, car rental, etc.						$0.00
	Parking Fees						$0.00
	Private Car miles						**Total Not Applicable Here**
	@ .56 cents per mile	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3.	**Meal Expense ($80 per day)** Breakfast ($20 max)						$0.00
	Lunch ($25 max)						$0.00
	Dinner ($35 max)						$0.00
4.	**Lodging: Name of Hotel/Motel** _____						$0.00
5.	**Other Expenses** ($5.00 per day max)						$0.00
6.	**Total Expenses**	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Original receipts required for all expenses. Original ITEMIZED meal receipts.

Meals purchased for same day travel will only be reimbursed if the expense is 1) directly related and necessary for attending business meetings or conventions of certain exempt organizations (including trade or professional organizations) when attendance is required by the employer or 2) meetings with customers if it is directly related or associated to a substantial business discussion for a clear business reason in a clear business setting (IRS regulations section 1.2754-2 (c) & (d)).

I hereby certify that this voucher is an actual accounting of the necessary expenses incurred by me in performance of official duties, follows the administrative regulation 4133/4233, and that I have duly filed the Declaration of Insurance Coverage form.

Employee Signature _____ Date _____

Department Approval _____ Date _____

Employee # _____

FND	OBJ	RESC	Y	GOAL	FUNC	LOC	MGT	OPTL	B	AMOUNT