

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 [] Prof Organization
[] Overnight Travel [] Convention/Conference
[] Customer Meeting
[] Other _____
Travel Start Time: _____
Travel End Time: _____

Table with 3 columns: Event, Cost, Requirements. Rows include Breakfast (\$25.00), Lunch (\$30.00), Dinner (\$45.00), Max per day (\$100.00). Requirements: Before 6 AM, At or before 11 AM, Ends after 7 PM, If all meals are earned based on travel times.

Main expense table with columns: Month/Date, Description, and Totals. Rows include Travel (Plane, bus, train fares etc.), Taxi, shuttle, car rental, etc., Parking Fees, Private Car miles, Meal Expense (Breakfast, Lunch, Dinner), Lodging, Other Expenses, and Total Expenses.

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 3350, and that I have duly filed the Declaration of Insurance Coverage form.

Employee Signature _____ Date _____

Department Approval _____ Date _____

Employee # _____

Summary table with columns: FND, OBJ, RESC, Y, GOAL, FUNC, LOC, MGT, OPTL, B, AMOUNT.