

| THIS BOX FOR AUDITOR'S USE ONLY |              |
|---------------------------------|--------------|
| VOUCHER NUMBER                  | PAYMENT DATE |
|                                 |              |

**COUNTY OF SANTA CRUZ  
TRAVEL REIMBURSEMENT**

|             |       |
|-------------|-------|
| CLAIMANT    | _____ |
| WORKSITE    | _____ |
| DEPT        | _____ |
| Reviewed By | _____ |
| PHONE       | _____ |
| Rep Group   | _____ |

| VENDOR NUMBER / SUFFIX | 1 CK | DOCUMENT AMOUNT ** | LNS | T/C HASH |
|------------------------|------|--------------------|-----|----------|
|                        |      | \$ -               |     |          |

| DESCRIPTION - INDICATE MONTH (& purpose) OF TRAVEL >>>> |        |       |         |           |         |
|---|--------|-------|---------|-----------|---------|
| T/C   | AMOUNT | INDEX | SUBJECT | USER CODE | DOC REF |
| 150   |        |       | 4162    |           |         |
| 150   |        |       | 4164    |           |         |
| 150   | \$ -   |       | 4166    |           |         |
| 150   |        |       | 4168    |           |         |
| 150   |        |       |         |           |         |
|   | \$ -   |       |         |           |         |
| 199   |        |       | 4180    |           |         |
|   | \$ -   |       |         |           |         |
|   | \$ -   |       |         |           |         |

Gen; Mid; Exec; DA/CS Atty; Etc.

**SUBJECT TITLE:**

LODGING-INCLUDING TAXES Attach Receipts If Amount Exceeds Per Diem

MEALS-and overnight incidental

MILEAGE (From Reverse Side)

OTHER (Explain on Reverse Side)

DESCRIBE \_\_\_\_\_

**TOTAL THIS CLAIM (A)**

**TOTAL ADVANCE (B) See Below\***

**TOTAL OF A + B (Transfer this amount to AMOUNT\*\* line)**

**TOTAL REIMBURSEMENT (A - B)**

\*Accounting for Travel Advance - The amount in line (B) must be less than or equal to line (A). Any amount greater than (A) must be refunded to the County by personal check or cash. This amount must accompany the travel claim form.

| DATES>>>                         |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|
| County of Travel                 |  |  |  |  |  |  |
| City of Travel                   |  |  |  |  |  |  |
| Time of Departure                |  |  |  |  |  |  |
| Time of Return                   |  |  |  |  |  |  |
| Meals-Breakfast                  |  |  |  |  |  |  |
| Meals-Lunch                      |  |  |  |  |  |  |
| Meals-Dinner                     |  |  |  |  |  |  |
| \$3 Incidentals (overnight only) |  |  |  |  |  |  |
| Per Diem: Overnight              |  |  |  |  |  |  |
| Per Diem: Taxable: No Overnight  |  |  |  |  |  |  |
| Lodging-Including Taxes          |  |  |  |  |  |  |
| Total Per Diem                   |  |  |  |  |  |  |

| SIGNATURES - SEE CERTIFICATIONS ON REVERSE SIDE |      |
|---|------|
| CLAIMANT  | DATE |
| Supervisor                                      | DATE |
| DEPARTMENT HEAD                                 | DATE |
| By:   |      |
| CAMS Pre-Audit by A/C                           | DATE |
| Keyed by DPW/AC                                 | DATE |
| Final audit by AC                               | DATE |

| DATE | TIME | ORIGIN | DESTINATION | PURPOSE OF TRIP | ODOMETER |       | MILES CLAIMED |
|------|------|--------|-------------|-----------------|----------|-------|---------------|
|      |      |        |             |                 | END      | START |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |
|      |      |        |             |                 |          |       |               |

**INSTRUCTIONS TO CLAIMANTS**

- 1. EACH CLAIM MUST BE ITEMIZED, showing names, dates service rendered, character of work done, number of days, supplies furnished, distances traveled, etc. (California Government Code.)
- 2. EACH Claim MUST be certified to by claimant (after which the proper authority ordering the delivery of articles or performance of services must also certify before being filed with the County Auditor for allowance).
- 3. Claimants performing services for supply articles to two or more county departments MUST submit a separate claim for each department.
- 4. No claims will be audited of ALLOWED unless or until the above requirements are fulfilled.
- 5. Claims should be filed with the County Auditor at least one week preceding the week in which the claim is to be approved by the Board of Supervisors.

**REMARKS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL MILEAGE

Total Mileage \_\_\_\_\_ times \_\_\_\_\_ per mile = \$ \_\_\_\_\_ -

**TOTAL CLAIM FOR MILEAGE**

\$ -

**CERTIFICATION OF SIGNERS**

By signing the claim on the reverse side of this document, the signators in their respective capacities agree to the following statements:

**CLAIMANT**

The claimant, under penalty of perjury states: That the items on the reverse side and the items as therein set out are true and correct; that no part thereof has been heretofore paid, and that the amount therein is justly due, and that the claim is presented within one year after the last item thereof has accrued. (Note: Signature required)

**DEPARTMENT HEAD**

I hereby certify, under penalty of perjury, and upon my own personal knowledge that the articles or services specified on this claim for payment and/or as shown on any attached invoice(s) was(were) necessary and was(were) ordered by me for use by the department and for the purpose indicated above, that the item(s) billed has been delivered, or services performed of contracted for, except as otherwise indicated in remarks above, that no part thereof has been previously paid, and that I have not violated any of the provisions of Art.4, Title 1, Div. 4, of the Government Code of th4e State of California.

**AUDITOR CONTROLLER**

I hereby certify that I have examined the facts of the transaction herein set forth as evidenced by the documents attached thereto, or to the original purchase order or contract. All verifications, certifications, and checking of computations required by county and government codes are in compliance and this claim in the total amount shown is hereby approved for payment.