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

**COUNTY OF SANTA CRUZ**
**TRAVEL REIMBURSEMENT**

CLAIMANT _____

WORKSITE _____

DEPT _____ PHONE _____

Reviewed By _____ PHONE

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

DESCRIPTION - INDICATE MONTH (& purpose) OF TRAVEL >>>>>

| T/C | AMOUNT | INDEX | SUBOBJECT | USER CODE | DOC REF |
|---|---|---|---|---|---|
| 150 | | | 4162 | | |
| 150 | | | 4164 | | |
| 150 | $           - | | 4166 | | |
| 150 | | | 4168 | | |
| 150 | | | | | |
| | $           - | | | | |
| 199 | | | 4180 | | |
| | $           - | | | | |
| | $           - | | | | |

**SUBOBJECT TITLE:**

Attach Receipts If Amount Exceeds Per Diem

LODGING-INCLUDING TAXES

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 Taxable Per Diem |
| Total Per Diem | | | | | | |

SIGNATURES - SEE CERTIFICATIONS ON REVERSE SIDE

| | DATE |
|---|---|
| CLAIMANT | DATE |
| Supervisor | DATE |
| DEPARTMENT HEAD By: | DATE |
| CAMS Pre-Audit by A/C | DATE |
| Keyed by DPW/AC | DATE |
| Final audit by AC | DATE |

**AUD-26 FOR FAMIS 4.2 (white)  (REV 6-20-2007)**