

ORANGE COUNTY DEPARTMENT OF EDUCATION
MILEAGE & MEAL EXPENSE CLAIM

NAME- PLEASE PRINT OR TYPE	MONTH
EMPLOYEE ID	BUDGET NO.
DIVISION	VENDOR NO.

DATE	DESTINATION	MILEAGE #1	MILEAGE #2	MEALS
TOTALS				

<p>_____ Miles@ _____</p> <p>_____ Miles@ _____</p> <p>PARKING* _____</p> <p>REGISTRATION* _____</p> <p>OTHER* _____</p> <p>TOTAL MILEAGE EXPENSES _____</p> <p>TOTAL MEALS _____</p> <p>TOTAL _____</p> <p>*Attach receipt and supporting information</p>	<p>Employees Certification</p> <p>I hereby state that I carry automobile insurance in an amount of no less than \$15,000/\$30,000 bodily injury and \$5,000 property damage and that I will notify the Department immediately should my automobile insurance be cancelled or suspended for any reason. I also acknowledge that California Law requires that I will wear a seat belt while using my own vehicle on the Department business; and that I will comply with this law. This statement represents an accurate account of the actual and necessary travel expenses and authorized meal expenses* incurred by the undersigned in the performance of assigned duties.</p> <p><small>*Submitted in accordance with the California Administrative Code, Title 5, Sections 17430et seq., and Education Code Section 1942.</small></p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>_____</p> <p>Claimant Signature Date</p> <p>_____</p> <p>Authorized Signature Date</p>
---	---

Please send payment to: Name/Location