ORANGE COUNTY DEPARTMENT OF EDUCATION

030691007

TRAVEL REQUEST/EXPENSE REIMBURSEMENT

	OCDE Em	ployee		Non- Employee	TODAY'S DATE
NAMESS	#	VE	NDOR#		0.1507.015
TITLE DIV	/ISION/UNIT				CHECK ONE: GRANT/PROJECT GENERAL FUND J-4
BUDGET ACCOUNT #BUDGE	T ACCOUNT #	-5220			MASTER CONTRACT OTHER
					DATE(S):
ESTIMATED DEPARTURE DATE TIME				TIME	
ACTUAL DEPARTURE DATE TIME					CONFERENCE TELEPHONE NUMBER
EXPENSE DETAIL INFORMATION	ESTIMATE	AMOUNT	AMOUNT PAID BY	TOTAL TRAVEL	SUPPORTING STATEMENT
MILEAGE DRIVEN: FROM: TO:	FOR APPROVAL	PAID BY EMPLOYEE	OCDE	EXPENSE	
ESTIMATED: TOTAL MILES X PER MILE					
ACTUAL: TOTAL MILES X PER MILE					
TOTAL MILESXPER MILE	i			_	
PARKING		_		_	
TAXI/BUS/SHUTTLE		-		-	
CAR RENTAL FROM: TO: TO: AIR FARE FROM: TO:		-		_	
AIR FARE FROM: TO: TO: OTHER TO: TO: TO:	-			-	
TOTAL TRANSPORTATION	¢		\$	-	OUTSIDE ORGANIZATION REIMBURSEMENT
	Φ	1 2	Ψ		
LODGING NUMBER OF NIGHTS (#\delta 5) MEALS BREAKFAST # (#\delta \$ =)		-		-	RGANIZATION WILL PAY: FULL PARTIAL NONE To OCDE To TRAVELER
LUNCH# @ \$ =					NAME OF DRGANIZATION
DINNER# =					
TELEPHONE CALLS - WORK RELATED					ADDRESSTRAVELER SIGNATURE
TOTAL SUBSISTENCE		\$	\$	\$ IF F	REIMBURSEMENT IS TO OCDE:
REGISTRATION	\$	- \$	\$	_ \$SPECI	THEN CHECK IS RECEIVED, IF CHECK IS PAYABLE TO TRAVELER, TRAVELER MUST ENDORSE CHECK AN FY OCDE AS PAYEE.
TOTAL TRAVEL EXPENSE	\$	\$	\$	\$ SEND	ITACH CHECK TO TRAVEL EXPENSE CLAIM (OR COPY OF COMPLETED FORM IF ALREADY SUBMITTED) AN TO ACCOUNTS PAYABLE
LESS ADVANCE GIVEN TO TRAVELER		\$			
REIMBURSEMENT: DUE TRAVELER		\$			LER SIGNATURE: DATE:
DUE OCDE					MIZED BILLINGS & RECEIPTS MUST BE SUBMITTED FOR ALL STARRED ITEMS BEFORE MENT CAN BE PROCESSED
APPROVAL OF TRAVEL REQUEST:				APPROVAL OF RE	EIMRI IDSEMENT:
				ALTROVAL OF RE	INDUITOLINE IT.
Authorized Signature Date					
Director Date					Date
Cabinet Date _					Date —
Deputy/Associate Superintendent Date					Date
Comments:				DI 3	
				Please send payr	Name / Location
_					

VALID ONLY WITH AUTHORIZED SIGNATURES

REVISED TRAVEL ALLOWANCES FOR COUNTY SUPERINTENDENTS AND THEIR STAFF ED. CODE 1942/TITLE V 17430-17436

_	TYPE OF EXPENSE
	Private auto mileage
	/#
	Public Transportation; Airplane*, Taxi, Limousine
	Car Rental*
	Meals
	Lodging*
9	Registration* Parking

^{*}Itemized Billings or Receipt must be submitted for these items.

*General area defined as Orange, Los Angeles, Ventura, San Bernardino, Santa Barbara, Riverside, San Diego, Kern, Imperial, and San Luis Obispo.