

# VCERA TRAVEL EXPENSE REIMBURSEMENT

Name _____	Vendor Number _____
Mailing Address, City, State & Zip Code _____	
Destination/Date(s)/Purpose _____	Education Hours Claimed _____

MEALS	MAXIMUM REIMBURSEMENT RATES						TOTAL
	Within California	Date	Breakfast	Lunch	Dinner	Total	
	Breakfast: \$13 Lunch: \$18 Dinner: \$35					\$	
	Outside California					\$	
	Breakfast: \$15 Lunch: \$21 Dinner: \$40					\$	
<i>Receipts Required</i>					\$		

LODGING	Hotel Name	City	Number of Nights	Total	TOTAL

MILEAGE	From	To	Miles	Rate	Total	TOTAL
				0.54	\$	
				0.54	\$	
				0.54	\$	

OTHER	Description	Conf. Fees	Parking	Taxi	Airfare	Other	TOTAL

CLAIMANT	VCERA APPROVAL
The undersigned, under penalty of perjury, states: That the above claim and the items set out therein are true and correct; that no part thereof has been heretofore paid; and that the amount is justly due, and that claim is made within one year after the last item has accrued.  X _____ Date _____	I hereby certify, upon my own personal knowledge, that the goods or services specified in the above claim were reasonable, necessary and for the benefit of the County; that no part thereof has been heretofore paid; that the amount therein is justly due, and that payment of the above claim complies with the County policies and procedures.  X _____ Date _____

Internal Use Only

Account:	Agenda attached? <input type="checkbox"/>
9261 Travel Reimbursement ADMIN	\$ _____
9256 Mileage Reimbursement ADMIN	\$ _____
TOTAL	\$ _____

**CHECK REQUEST**

INPUT BY: \_\_\_\_\_ INPUT REVIEWED BY: \_\_\_\_\_

CK PREPARED BY: \_\_\_\_\_ CHECK#: \_\_\_\_\_ CHECK DATE: \_\_\_\_\_

APPROVED TO ISSUE BY: \_\_\_\_\_ 2ND SIGNATURE: \_\_\_\_\_