

INVOICE No. (max 16)	
DATE	
VENDOR ID	
TOTAL CLAIM	\$

COUNTY OF SANTA CRUZ
TRAVEL REIMBURSEMENT

CLAIMANT	
WORKSITE	
DEPT	County Fire
PHONE	831-335-6734
REVIEWED BY	Ginny Petras
PHONE	831-335-6734

GL KEY	GL OBJ	JL KEY	JL OBJ	DESCRIPTION - INDICATE MONTH (& purpose) OF TRAVEL (max 30)	AMOUNT
304100	62914			Live Scan/CPAT/CPR Reimburse	\$
304100	62914			Live Scan/CPAT/CPR Reimburse	\$
304100	62914			Live Scan/CPAT/CPR Reimburse	\$
TOTAL THIS CLAIM (A)					\$

OBJECT TITLE:

LODGING - INCLUDING TAXES
 MEALS - and overnight incidental
 MILEAGE (from Reverse Side)
 OTHER (Explain on Reverse Side)

DESCRIBE Education & Training

Mandatory certifications for volunteer FFs.

TRAVEL ADVANCE *	(B)
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.

Attach Receipts If Amount Exceeds Per Diem

DATES >>>						SIGNATURES - SEE CERTIFICATIONS ON REVERSE SIDE	
County of Travel						CLAIMANT	DATE
City of Travel							
Time of Departure							
Time of Return						SUPERVISOR	DATE
Meals - Breakfast							
Meals - Lunch							
Meals - Dinner						DEPARTMENT HEAD	DATE
\$5 Incidentals (overnight only)						BY:	
Per Diem: Overnight							
Per Diem: Taxable: No Overnight						FINAL AUDIT BY AC	DATE
Lodging - Including Taxes							
Total Per Diem						Total Taxable Per Diem	

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 or 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	-
TIMES RATE PER MILE	0.575

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 or 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 the 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.