



County of Sonoma Authorization for Travel & Expenses

DeptID: _____

Acct: _____

Other: _____

I. TRAVEL REQUEST

PRINT

Name / Title: _____ Date: _____

Dept / Name of Board (if applicable): _____ Employee ID #: _____

Destination: _____ Departure Date: _____ Return Date: _____

Method of Travel: ☐ Private Car ☐ County Car ☐ Other Specify: _____

Reason for travel: _____

Estimated Total Expenses: \$ _____ ☐ Meals Per Diem Method ☐ Meals Actual Method
☐ Breakfast(s) ☐ Lunch(es) ☐ Dinner(s) ☐ Registration
☐ Lodging ☐ Bridge Tolls ☐ Mileage* ☐ Parking
☐ Other: _____ *Mileage to be submitted on Automobile Mileage Claim Form & reimbursed through Payroll.

Out of State Travel: ☐ 1st Trip (Dept Head) ☐ 2nd Trip (Dept Head) ☐ 3rd Trip (CAO) ☐ 4th Trip (BoS)

Supervisor's Signature (if applicable): _____ Date: _____

II. APPROVAL OF REQUEST (Pre approval required for all employees, except Department Heads.)

☐ Approved ☐ Partially Approved ☐ Disapproved (See Comments)

Comments: _____

Expenses Approved: ☐ Meals Per Diem Method ☐ Meals Actual Method
☐ Breakfast(s) ☐ Lunch(es) ☐ Dinner(s) ☐ Registration
☐ Lodging ☐ Bridge Tolls ☐ Mileage* ☐ Parking
☐ Other: _____ *Mileage to be submitted on Automobile Mileage Claim Form & reimbursed through Payroll.

I hereby certify that the above requested travel is necessary in connection with official County business and that budgeted funds are available therefore.

Dept Head / Designee Signature: _____ Date: _____

III. EXPENSE CLAIM (To be submitted within **60 days** of return.)

Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS
Actual /Per Diem Breakfast								
Actual /Per Diem Lunch								
Actual /Per Diem Dinner								
Full Day Per Diem								
Daily Meals Total								
Registration								
Lodging								
Bridge								
Parking								
(Est \$ Amt) Mileage								
Other								
Other								
Daily Total								

Receipts must be attached for all expenses, except meal expenses utilizing the Per Diem method. Meals cannot exceed \$90 per day utilizing the Actual method.

Trip Expense Subtotal: _____
Less Amount Advanced: _____
Less Amount used for Personal Use: _____
Less Amount(s) Paid by Other Sources – including mileage reimbursement : _____
TOTAL DUE: _____

The undersigned, under penalty of perjury, states: That the above 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 same is presented within sixty (60) days after the last item thereof has accrued.

Employee/Dept Head/Board Member Signature: _____ Date: _____

COMPLETION INSTRUCTIONS
TRAVEL REQUEST AND EXPENSE CLAIM

SECTION I – TRAVEL REQUEST *To be completed by person requesting travel.*

Name / Title	Enter name and title.
Date	Enter today's date.
Dept / Name of Board	Enter department name. Enter name of board, if applicable.
Employee ID Number	Enter employee identification number, if applicable.
Destination	Enter City of destination.
Departure Date	Enter date you are leaving.
Return Date	Enter date you will return.
Method of Travel	Check appropriate box.
Reason for Travel	Enter the purpose of travel and how it relates to County business.
Estimated Total Expenses	Enter dollar amount of your total estimated expenses.
Listed Expenses	Check all appropriate boxes that are included in total estimate.
Supervisor Signature	If applicable, employee's supervisor signs & dates.

SECTION II – APPROVAL OF REQUEST *Required for ALL County Employees. Pre-approval not required for Dept. Heads or Board Members.*

Approval	Check appropriate box – Approved, Partially Approved or Disapproved.
Comments	Enter any appropriate comments, i.e., reason for partial approval, disapproval, etc.
Expenses Approved	Check appropriate boxes for expenses approved.
Dept Head / Designee Signature	Sign, date and return to the employee responsible for travel requests for further processing.

SECTION III – EXPENSE CLAIM *To be completed by Employee/Dept Head/Board Member requesting travel and submitted with claim for reimbursement within 60 days of return.*

To Complete Chart	Enter date(s) of travel under the appropriate day(s) of the week. List expenses in dollar amounts in appropriate date boxes and provide receipts as indicated. Meals cannot exceed \$90 per day under the Actual method. If the Per Diem method is used, fill in the amounts on the appropriate line (Breakfast, Lunch Dinner or Full Day Per Diem). Receipts must be attached for all expenses except Per Diem meals. Non-receipted, out-of-pocket expenses such as parking meters, baggage handling, etc. may be supported with a written explanation. Enter an estimated dollar amount for mileage. Because this amount is reimbursable from another source, the amount entered will be reversed in the total column. Bring expense totals to far right column and total this column on the last line entitled "Totals." Bring totals for each day and expense type down and subtotal. Complete remaining boxes as required ending with "Total Due".
Employee/Dept Head/Board Member's Signature	Sign and date the expense claim area and return entire form for preparation and processing of appropriate reimbursement claim forms.