

Travel Advance

Sonoma County Office of Education

TC # _____

Name _____ Vendor # _____
(required)

Title _____ Department _____

I am requesting an advance to cover the estimated costs of travel listed below. **I understand that a travel claim must be submitted by the end of the month in which travel occurs** and that all expenditures must be itemized on that claim, with receipts attached.

Purpose of Travel _____

Destination _____

Date of Departure _____ Date of Return _____

Estimated Costs

Travel Air Bus Rail Rental Car \$ _____
(Note: Advances for mileage are not allowed)

Registration *(If not previously submitted on P.O.)* \$ _____

Overnight Accommodations
_____ nights at \$ _____ \$ _____

Per Diem Meals
_____ breakfasts at \$ _____ \$ _____
_____ lunches at \$ _____ \$ _____
_____ dinners at \$ _____ \$ _____

Other Expenses (explain)
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Advance \$ _____

Budget Code _____ \$ _____

Budget Code _____ \$ _____

Employee Signature _____ Date _____

Department Director _____ Date _____

Superintendent or designee _____ Date _____

For Business Services Use Only Fund Approval _____ Date _____