



# County of Sonoma Authorization for Travel & Expenses

Index: \_\_\_\_\_  
 Subobject: \_\_\_\_\_  
 Other: \_\_\_\_\_

## I. TRAVEL REQUEST

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.  
 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 with "White Claim" 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								
<b>Daily Meals Total</b>								
Registration								
Lodging								
Bridge								
Parking								
<i>(Est \$ Amt)</i> Mileage								
Other								
Other								
<b>Daily Total</b>								

<b>Receipts <u>must</u> be attached for all expenses, except meal expenses utilizing the Per Diem method. Meals cannot exceed \$90 per day utilizing the Actual method.</b>	Trip Expense Subtotal: _____ Less Amount Advanced: _____ Less Amount used for Personal Use: _____ Less Amount(s) Paid by Other Sources – including mileage reimbursement : _____ <b>TOTAL DUE:</b> _____
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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**

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

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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.

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

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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.

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**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.*

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To Complete Chart	<p>Enter date(s) of travel under the appropriate day(s) of the week.</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>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".</p>
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.