



COUNTY OF IMPERIAL - AUTHORIZATION FOR TRAVEL AND EXPENSES FORM

A.) TRAVEL REQUEST

Org Key: _____ Object Code: _____

Department / Board (if applicable): _____ Date: _____
Name of Payee: _____ Payee Vendor #: _____
Departure Date: _____ Departure Time: _____
Return Date: _____ Return Time: _____
Destination (include complete address): _____
Organization / Sponsor: _____
Reason for Travel: _____

B.) APPROVAL OF TRAVEL

C.) FINAL CLAIM (receipts required)

Check if Prev. Paid

Transportation: Airfare _____
Vehicle: County Private
mileage _____ @ _____
(Please use current mileage rate & submit driving directions
indicating total miles)
Rental Car: _____
Lodging Hotel:
nights _____ @ rate _____
Meals: Per Diem Method (Complete Per Diem Schedule)
Days _____ x Per Diem rate _____
Meals: Actual Method (Complete Per Diem Schedule)
Breakfast \$ _____ x _____ days
Lunch \$ _____ x _____ days
Dinner \$ _____ x _____ days
Incidental \$ _____ x _____ days
Registration: _____
Other Expenses:
Taxi & Shuttles (receipts) _____
Other: _____
Total Estimated Expenses: _____

Transportation: Airfare (receipts) _____
Vehicle: County Private
Private- actual mileage _____ @ _____
Rental Car: (receipts) _____
Lodging Hotel: (receipts)
nights _____ @ rate _____
Meals: Per Diem Method
Days _____ x Per Diem rate _____
Meals: Actual Method
Breakfast \$ _____ x _____ days
Lunch \$ _____ x _____ days
Dinner \$ _____ x _____ days
Incidental \$ _____ x _____ days
Registration: _____
Other Expenses:
Taxi & Shuttles (receipts) _____
Other: _____
Total Expenses: _____

Funded from other Sources: Yes No
Approved Declined (see comments)

Previously Paid: check (X) if item was paid: _____
Amount to be Reimbursed: _____

Comments: _____

Claimant:
I hereby certify that the above claim and the items as therein set out are true and correct,
that no part has been presented in a prior claim and that the same is presented within 60
days after the last item has accrued or that this is an itemized account of travel expense.

I hereby certify that the travel detailed above was directed by me for
the benefit of my department and was authorized in accordance
with law and ordinances and resolution of the Board of Supervisors
and that the claimant is an officer, employee or agent of my
department.

Claimant Signature Date
Department Head Signature Date

Department Head Signature Date

APPROVED FOR PAYMENT - AUDITOR-CONTROLLER Date