Current Mileage Rate .54
- as of 1/1/2016

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COUNTY OF SAN LUIS OBISPO

TRAVEL REIMBURSEMENT

Payee Name _____ ☐ Personnel No. _____

Payee Address _____
Street or P. O. Box City State Zip

Organization _____ Employed as _____

VERIFICATION: The undersigned, under penalty of perjury, states: that all items on this claim are true and correct, that no portion has been paid, that claim is presented within one year after last item is accrued.

CERTIFICATION: Private vehicle covered by liability insurance as required by regulations.

signature date

DATE	TOWN OR PLACE	TRANSPORTATION MILES PRIVATE CAR	TRANSPORTATION AMOUNT PRIVATE CAR	TRANSPORTATION FARES PUBLIC TRANS.	LODGING	MEALS BKFST $	MEALS LUNCH $	MEALS DINNER $	MISC Amount	MISC (Describe)	PURPOSE OF TRIP	TOTAL
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
Comments:											TOTAL	0.00

AUDITOR-CONTROLLER'S USE ONLY

Credit Card Expenses (See Attached Receipts)

Less over allowed limits:

IMPORTANT:
All Lodging and Credit Card Expenses
Must be Supported by Receipts or Invoices.

Expenditures Authorized and Approved by *Auditor-Controller*

SIGNATURE OF COUNTY OFFICIAL Date By

COST CENTER, WBS OR REAL INTERNAL ORDER	STAT. INTERNAL ORDER (If column 1 is a cost center)	FUNCTIONAL AREA	ACCOUNT	AMOUNT		
					TOTAL EXPENSE	0.00
					TRAVEL ADVANCE	
					MASTER CARD CHARGES	
					AIRLINE CHARGES	
					DUE PAYEE	
					DUE COUNTY	
VENDOR NO.	1099 YES ☐ NO ☐	WARRANT NO.				
	SAP DOCUMENT NO.			TOTAL	0.00	

DATE MO DAY YEAR

Rev. 12/2004