




Vendor Number

## Workshop/Training/Conference Pre-Authorization & Reimbursement Form

Pre-Approval for all conferences required

### Attendee Information

Today's Date:  Name:

Mailing Address:

Street Address City State Zip Code

Work Location:  Phone:

### Event Information - Complete prior to event

Title:

Dates:  Location:

#### Estimated Costs

Registration:  Check/PO #:

Lodging: # Days:  X Cost per Night:

Meals: # Breakfasts x 7:  + # Lunches x 11:  + # Dinners x 23:

Mileage x .585:

Fleet Days x \$22:  + Fleet Miles x .20:

Other:

Estimate Total:

Date:  Approved By:  Signature:

### Claim Information - Complete after event

**Registration, Parking and Lodging Information**  
Receipts required for registration, lodging and parking.  
Must include documented proof of attendance

Registration:  Check/PO #:

Lodging:

Meals: (Itemize)

Mileage x .585:

Other: (Itemize)

Actual Total:

Paid by Cal Card:

**Reimbursement:**

#### Itemized Meals: (When Overnight Stay Occurs)

Date	Breakfast (\$7)	Lunch (\$11)	Dinner (\$23)	Meal Total

#### Itemized Other: (Parking, Tolls, etc.)


### Certificate of Claimant

*I hereby certify that the above is a true statement of expenses incurred by me while on official business for the San Luis Obispo County Office of Education.*

Signature Date

### Approved and Ordered Paid

Signature Date

#### Fiscal Use Only

<input type="text"/>	Budget Code:	<input type="text"/>	Amount:	<input type="text"/>
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<input type="text"/>	Budget Code:	<input type="text"/>	Amount:	<input type="text"/>