

# COUNTY OF SUTTER

## TRAVEL AND BUSINESS EXPENSE ACCOUNTING

(This form is accepted only as an attachment to the CLAIM FORM prescribed for use by the Auditor-Controller's Office.)

<b>Name</b>	<b>Department</b>	<b>Phone Number</b>
<b>Home Address</b>	<b>Position</b>	
<b>City</b>	<b>Private Car License Number</b>	

MO	YR	Time Depart / Return	Destination at the start of trip or locations where expenses occurred – include explanations if needed	Private Auto Miles	Meals	Lodging Receipts Required	* Other Business Expenses	Daily Expense Totals	Auditors Use Only Rev. 7-1-94

**Mileage Rate**

**COLUMN TOTALS** ▶

**MULTIPLY MILES X CURRENT RATE – ENTER TOTAL HERE** ▶

Insert current rate applicable to your bargaining unit.

**TOTAL CLAIMED** ▶

**Remarks or Details** (\*Attach receipts when required by the TRAVEL and BUSINESS EXPENSE POLICY.)

*I hereby certify that the above is a true and accurate report of actual expenses incurred while on official business of Sutter County in conformance with the Travel and Business Expense Policy in effect for the period indicated above.*

Claimant's Certification (sign below)

Date

\_\_\_\_\_