CONTRA COSTA COUNTY OFFICE of EDUCATION

TRAVEL REQUEST/PAYMENT REQUISITION

NAME: _____ DATE OF REQUEST: _____

CONFERENCE/MEETING TITLE:_____

DEPARTURE DATE: _____ RETURN DATE: _____ DESTINATION:_____
City/State

SACS # (s) : ___-____-___-____-____-____-___-____ EMPLOYEE SIGNATURE: _____

APPROVED BY: _____

CONFERENCE REGISTRATION (Send check to vendor ☐ OR to: _____ ☐).

Vendor or Payee: _____ Attn.: _____

Address: _____ City/State/Zip: _____

Payment Due to Payee No Later Than: _____. **COST OF REGISTRATION: $ _____**

TRANSPORTATION (Send check to vendor ☐ OR to: _____ ☐).

Private Car   Total Miles @ Regular Rate: _____   **$ _____**

Plane   Other: _____   **$ _____**

Vendor or Payee: _____ Attn: _____

Address: _____ City/State/Zip: _____

HOTEL RESERVATIONS (Send check to vendor ☐ OR to: _____ ☐).

Vendor or Payee: _____ Attn.: _____

Address: _____ City/State/Zip: _____

Number of Nights: _____. Date(s): _____ Conf. No.: _____

Cost Per Night: _____ Subtotal: _____ Tax: _____ (%) **TOTAL HOTEL COST: $** _____

OTHER ANTICIPATED EXPENSES

Meals: No. of Breakfasts: _____ No. of Lunches: _____ No. of Dinners: _____ **TOTAL MEAL COST: $ _____**

Bridge Tolls, Parking, etc. _____ **TOTAL COST: $ _____**

TOTAL TRAVEL COST **GRAND TOTAL: $_____**

TRAVEL EXPENSE ADVANCE (Optional)

80% of anticipated expenses (minus prepaid expenses)   **TOTAL ADVANCE: $ _____**

PREPAID EXPENSES - To be Filled in by Accounting Services:

Conference Registration	Check No. _____	Date: _____	$_____
Airline Ticket	Check No. _____	Date: _____	$_____
Hotel Reservation	Check No. _____	Date: _____	$_____
Travel Expense Advance	Check No. _____	Date: _____	$_____
Other _____	Check No. _____	Date: _____	$_____