PERSONAL EXPENSE CLAIM

INSTRUCTIONS: Please Print or Type. Use this form for reimbursement of vehicle expenses (including parking/tolls), public transit fares, and other travel expenses only if you incurred them for conferences or training. Attach copy of applicable Board resolution if out-of-state travel is included. Complete Part I for NON-training related travel expenses or Part II for training related expenses. If you incurred both types of expenses, submit separate forms. Detail expenses on back of form and attach copies of receipts. For conferences/seminars, attach copy of program announcement showing dates and costs. For local travel vehicle expenses, including parking and tolls and public transit fares NOT associated with conferences or training, use form 110-58, LOCAL TRAVEL EXPENSE CLAIM.

PART ONE:

NON-TRAINING EXPENSES: I HEREBY CERTIFY THAT I INCURRED THE NON-TRAINING EXPENSES DETAILED HEREIN, IN ACCORDANCE WITH THE RELEVANT PROVISIONS OF ARTICLE 2-5 OF THE ALAMEDA COUNTY ADMINISTRATIVE CODE, AND IF APPLICABLE, THE ATTACHED COPY OF ALAMEDA COUNTY BOARD OF SUPERVISORS RESOLUTION; AND THAT SAID DETAILS, TO THE BEST OF MY KNOWLEDGE ARE TRUE AND CORRECT:

CLAIMANT’S SIGNATURE: ____________________________ DATE: ___________ RESOLUTION NO. ___________

DEPARTMENT HEAD’S CERTIFICATION

I HEREBY CERTIFY THAT THE EXPENSES CLAIMED HEREIN WERE REQUIRED IN ACCORDANCE WITH ARTICLE 2-5 OF THE ALAMEDA COUNTY ADMINISTRATIVE CODE AND SAID EXPENSES ARE TO BE CHARGED TO ACCOUNT: ( ) 3361 - TRAVEL, OR ( ) 3391 - SPECIAL DEPARTMENTAL EXPENSE:

✓ TRANSPORT ____________________________ $ ___________
✓ MEALS/LODGING ____________________________ $ ___________
✓ REG. FEES ____________________________ $ ___________
✓ OTHER EXPENSES ____________________________ $ ___________
✓ MILEAGE ____________________________ $ ___________
✓ PARKING/TOLLS ____________________________ $ ___________

TOTAL ____________________________ $ ___________

DEPARTMENT HEAD’S SIGNATURE: ____________________________ DATE: ___________

PART TWO:

TRAINING EXPENSES: I HEREBY CERTIFY THAT I INCURRED THE TRAINING EXPENSES DETAILED HEREIN, IN ACCORDANCE WITH THE RELEVANT PROVISIONS OF ARTICLE 2-5 OF THE ALAMEDA COUNTY ADMINISTRATIVE CODE, AND THAT SAID DETAILS, TO THE BEST OF MY KNOWLEDGE ARE TRUE AND CORRECT:

CLAIMANT’S SIGNATURE: ____________________________ DATE: ___________ RESOLUTION NO. ___________

DEPARTMENT HEAD’S CERTIFICATION

I HEREBY CERTIFY THAT THE EXPENSES CLAIMED HEREIN WERE REQUIRED IN ACCORDANCE WITH ARTICLE 2-5 OF THE ALAMEDA COUNTY ADMINISTRATIVE CODE AND SAID EXPENSES ARE TO BE CHARGED TO ACCOUNT: ( ) 3362 - TRAINING

✓ TRANSPORT ____________________________ $ ___________
✓ MEALS/LODGING ____________________________ $ ___________
✓ REG. FEES ____________________________ $ ___________
✓ OTHER EXPENSES ____________________________ $ ___________
✓ MILEAGE ____________________________ $ ___________
✓ PARKING/TOLLS ____________________________ $ ___________

TOTAL ____________________________ $ ___________

DEPARTMENT HEAD’S SIGNATURE: ____________________________ DATE: ___________

AUDITOR’S OFFICE USE

FUND ____________________________ CODE W91 ____________________________ ACCOUNT ____________________________ PAY O.K. ____________________________ PRIOR REF. ____________________________

SEND COMPLETED FORM TO: GENERAL ACCOUNTING, OIC 20111
COUNTY OF ALAMEDA
OFFICE OF THE AUDITOR-CONTROLLER

PERSONAL EXPENSE CLAIM

INSTRUCTIONS: Please Print or Type. Use this form for reimbursement of vehicle expenses (including parking/tolls), public transit fares, and other travel expenses only if you incurred them for conferences or training. Attach copy of applicable Board resolution if out-of-state travel is included. Complete Part I for NON-training related travel expenses or Part II for training related expenses. If you incurred both types of expenses, submit separate forms. Detail expenses on back of form and attach copies of receipts. For conferences/seminars, attach copy of program announcement showing dates and costs. For local travel vehicle expenses, including parking and tolls and public transit fares NOT associated with conferences or training, use form 110-5B, LOCAL TRAVEL EXPENSE CLAIM.

FIRST NAME: ___________________________ LAST NAME: ____________________________ SOCIAL SEC. NO.: __________________________

DEPARTMENT NAME: ________________ DEPARTMENT NAME: ________________ QIC: ________________ WORK PHONE: ________________

PART ONE:

NON-TRAINING EXPENSES: I HEREBY CERTIFY THAT I INCURRED THE NON-TRAINING EXPENSES DETAILED HEREBIN, IN ACCORDANCE WITH THE RELEVANT PROVISIONS OF ARTICLE 2-5 OF THE ALAMEDA COUNTY ADMINISTRATIVE CODE, AND IF APPLICABLE, THE ATTACHED COPY OF ALAMEDA COUNTY BOARD OF SUPERVISORS RESOLUTION; AND THAT SAID DETAILS, TO THE BEST OF MY KNOWLEDGE ARE TRUE AND CORRECT:

CLAIMANT'S SIGNATURE: ___________________________ DATE: ___________________________ RESOLUTION NO.: ___________________________

DEPARTMENT HEAD'S CERTIFICATION

I HEREBY CERTIFY THAT THE EXPENSES CLAIMED HEREIN WERE REQUIRED IN ACCORDANCE WITH ARTICLE 2-5 OF THE ALAMEDA COUNTY ADMINISTRATIVE CODE AND SAID EXPENSES ARE TO BE CHARGED TO ACCOUNT: ( ) 3361 - TRAVEL, OR ( ) 3391 - SPECIAL DEPARTMENTAL EXPENSE:

✓ TRANSPORT $ ___________________________ MEALS/LODGING $ ___________________________ REG. FEES $ ___________________________

✓ MILEAGE $ ___________________________ OTHER EXPENSES $ ___________________________

PARKING/TOLLS $ ___________________________ TOTAL $ ___________________________

DEPARTMENT HEAD'S SIGNATURE: ___________________________ DATE: ___________________________

PART TWO:

TRAINING EXPENSES: I HEREBY CERTIFY THAT I INCURRED THE TRAINING EXPENSES DETAILED HEREIN, IN ACCORDANCE WITH THE RELEVANT PROVISIONS OF ARTICLE 2-5 OF THE ALAMEDA COUNTY ADMINISTRATIVE CODE, AND THAT SAID DETAILS, TO THE BEST OF MY KNOWLEDGE ARE TRUE AND CORRECT:

CLAIMANT'S SIGNATURE: ___________________________ DATE: ___________________________ RESOLUTION NO.: ___________________________

DEPARTMENT HEAD'S CERTIFICATION

I HEREBY CERTIFY THAT THE EXPENSES CLAIMED HEREIN WERE REQUIRED IN ACCORDANCE WITH ARTICLE 2-5 OF THE ALAMEDA COUNTY ADMINISTRATIVE CODE AND SAID EXPENSES ARE TO BE CHARGED TO ACCOUNT: ( ) 3362 - TRAINING

✓ TRANSPORT $ ___________________________ MEALS/LODGING $ ___________________________

✓ MILEAGE $ ___________________________ PARKING/TOLLS $ ___________________________

TOTAL $ ___________________________

DEPARTMENT HEAD'S SIGNATURE: ___________________________ DATE: ___________________________

AUDITOR'S OFFICE USE

FUND _______ CODE W91 _______ ACCOUNT _______ _______ _______ _______ _______ _______ _______ _______ _______ _______

PAY O.K. _______ PRIOR REF. _______