



**Sierra County  
Board of Supervisor's Reimbursement and Travel Expense Form**

Board Member's Name: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**Board Member Reimbursement of County Expenses Paid  
from Personal Funds or Credit Card**

Discription	Orgkey	Account	Amount
	0015010		

<b>Total Non-Travel Reimbursement</b>	<b>-</b>
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**SIGNATURES**

Board Member: \_\_\_\_\_

Date: \_\_\_\_\_

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Board Chair \_\_\_\_\_

Date: \_\_\_\_\_

*For Official Use:*

TRAVEL REIMBURSEMENT							
EVENT INFORMATION							
<i>Event Title:</i>							
<i>Location:</i>							
<i>Departure Date/Time:</i>				<i>Return Date/Time:</i>			
Description	Dates		Number Needed	x	Amount	Total	A R
	From	To					
<b>Registration 5501</b>				x		0.00	
<i>Special Instructions:</i>							
<b>Travel 5502</b>							
Parking Fees				x		0.00	
Car Rental				x		0.00	
Bridge Tolls				x		0.00	
Air Fare				x		0.00	
Other				x		0.00	
<b>Total Travel</b>						<b>0.00</b>	
<i>Special Instructions:</i>							
<b>Per Diem 5503</b>							
Breakfast (before 7am)				x	14.00	0.00	
Lunch				x	16.00	0.00	
Dinner (after 7pm)				x	26.00	0.00	
<b>Total Per Diem</b>						<b>0.00</b>	
<b>Mileage 5504</b>				x	0.580	0.00	
<b>Lodging 5505</b>				x		0.00	
<i>Hotel/Motel Name</i>							
<i>Special Instructions:</i>							
<b>Misc. Travel Expense</b>							
<b>Object Code:</b>				x		0.00	
<i>Explanation:</i>							
<b>CONFERENCE 5506</b>							
<b>Total Travel Expense</b>					<b>Orgkey</b>	<b>0.00</b>	