

COUNTY OF SAN MATEO, STATE OF CALIFORNIA  
DEMAND ON THE TREASURY

**EXPENSE ACCOUNT FOR THE PERIOD OF**

rev 06/25/15

CLAIMANT:			PONY NO:					POSITION/TITLE:					DEPARTMENT:				
Date	LOCATION	PURPOSE	MILEAGE					Fare	Parking/ Tolls	MEALS				Lodging	Reg. Fee	Misc.	TOTAL DAILY EXP
			Starting Mileage	Ending Mileage	Total Miles	Rate/ Miles	Total Car Exp			B	L	D	Total Cost				

CODES					
OBJECT NAME	GENERAL LEDGER		JOB LEDGER		AMOUNT
	ORG KEY	OBJ KEY	JOB ORG	JOB OBJECT	
Airfare & Vehicle Rental		5713			
Employee Mileage Reimb.		5714			
Meetgs & Conf. Exp.		5721			
Other Business Travel Exp.		5724			
<b>TOTAL:</b>					
INV (REF) NUMBER	INV (REQ.) DATE	DUE DATE	TAX CODE	DIVISION	
			NOTX	PONY	

CASH ADVANCE .....	
DUE CLAIMANT .....	
DUE COUNTY (DP#.....).....	
I hereby certify that the above is a true and accurate report of authorized expenses that I incurred while on County Business during the abovementioned period.	
_____ Claimant's Signature	_____ Date
Approved: _____ Education Director's Signature	_____ Date