

**Tulare County Office of Education
In-County Travel Expense Claim**

**Tulare County
Office of Education**
Tim A. Hire, County Superintendent of Schools

BUSINESS OFFICE USE ONLY	
VENDOR #	_____
VOUCHER #	_____

Please Print Clearly

Name: JANE DOE	Job Title: OCCUPATIONAL THERAPIST	Month/Year: May 2024
Home Base: LIBERTY CENTER	Department: SPEC SRVCS - RELATED SRVCS	Last 4 of SSN: 1234

DATE	DESTINATION	PURPOSE	APPROVED MILES
5/1/2024	LB HILL	OCCUPATIONAL THERAPY SESSION	29.60
	LIBERTY CENTER	RETURN TO HOME BASE	29.60
5/2/2024	LB HILL	OCCUPATIONAL THERAPY SESSION & RETURN TO HOMEBASE	59.20
5/3/2024	STRATHMORE ELEM	OCCUPATIONAL THERAPY SESSION	29.00
	MONACHE HS	OCCUPATIONAL THERAPY SESSION	5.80
	LIBERTY CENTER	RETURN TO HOME BASE	25.90
5/6/2024	MOONEY ADMIN OFFICE	STAFF DEVELOPMENT MEETING	0.70
	LIBERTY CENTER	RETURN TO HOME BASE	0.70
5/15/2024	HOME TO WALMART	PURCHASE MEETING SUPPLIES	1.50
	LIBERTY CENTER	RETURN TO HOME BASE	2.40
5/16/2024	12345 N E STREET, PVL	HOME VISIT	30.00
	6789 S SESAME ST, DUCOR	HOME VISIT	14.00
	10012 E MAIN ST, TUL	HOME VISIT	37.90
	MOONEY ADMIN OFFICE	PICK UP MAIL	7.30
	LIBERTY CENTER	RETURN TO HOME BASE	0.90

BUSINESS OFFICE USE ONLY			
Mileage: _____	x Rate: _____	= \$ _____	TOTAL 274.50

FD	RE	PY	GO	FN	OB	SI	CO	RP	%	AMOUNT
10	65000	0	576000	111000	52000	13	0	0	100	
					52000					
					52000					
					52000					
					52000					

I hereby certify that the mileage herein listed was incurred in the performance of my duties for the Tulare County Office of Education.

SIGNATURE OF CLAIMANT: _____ JANE DOE _____ IMMEDIATE SUPERVISOR: _____

MAILING ADDRESS: 27000 S MOONEY BLVD _____ DEPT SUPERVISOR: _____

CITY: VISALIA STATE: CA ZIP: 93277 DIV ASST SUPERINT: _____

Check if New Address INTERNAL BUSINESS: _____

Retain a Copy for your files