

MONTEREY COUNTY OFFICE OF EDUCATION
BUSINESS MEAL CERTIFICATION FORM

The purpose of this form is to document the qualification of business meals for payment or reimbursement. All information entered on this form must be completely consistent with information entered on the Travel and Expense Reimbursement Claim form requesting payment or reimbursement for the meal.

The following information is required for business meals:

1. Justification and description of substantive and bona fide business (attach agenda)
2. List of all the attendees' names
3. Original, itemized receipt for the meal (not a credit card receipt)
4. Division Head's approval

PAYEE: *(Always required)* _____
Name Title

MEAL REIMBURSEMENT AMOUNT: _____ **DATE OF MEAL:** _____

NAME OF RESTAURANT/DINING FACILITY: _____

TYPE OF MEAL (Check One): **Breakfast** **Lunch** **Dinner**

NUMBER OF PARTICIPANTS: _____

JUSTIFICATION FOR THE MEAL: _____

NAMES OF MEAL PARTICIPANTS: *(please attach a separate sheet if necessary)*

DIVISION HEAD NAME(print): _____

DIVISION HEAD SIGNATURE: _____

DATE: _____

<i>For Business Office use only</i>	
Approved by:	_____
DATE:	_____

MONTEREY COUNTY OFFICE OF EDUCATION
TRAVEL AND EXPENSE REIMBURSEMENT CLAIM

Name	Department	Employee ID Number	Month	Year
**Mailing		XXXXXX		
Address				

Check if new address

SECTION A - TRAVEL & CONFERENCE CLAIM	SECTION B EXPENSE REIMBURSEMENT (Not to exceed \$100.00)
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1	2	3	4	5	6	7	8	9	10	11								
Date	Location & Purpose of Trip of Meeting (From / To - Purpose)	Private Auto Miles	Conference & Workshop Expenses							Date	Item Purchased	Cost						
			Depart Time	Return Time	Travel Expense	Lodging Cost	Meals	Register Fees	Other									
PAGE/GRAND TOTAL										0.0				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL \$ -

SECTION C - CERTIFICATION

I hereby certify that the travel and other expenses listed above are true and correct and present this claim for refund. I agree to maintain insurance on my automobile. I will submit insurance verification upon request.

Signature of employee

Date

****NOTE** - All Reimbursement claims will be mailed to the address on file with Human Resources. If your address has changed, you must go to HR to update it before submitting your reimbursement claim for processing.

USE ADDITIONAL FORM, IF NEEDED FOR TRAVEL DATES

SECTION D - APPROVALS AND CLASSIFICATION OF EXPENSES	SECTION - E SUMMARY
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APPROVALS	ACCOUNT NUMBERS										SUMMARY	
	Funds	Resource	YR	Goal	Function	Object	School	Local	Manager	AMOUNT		
	xx	xxxx	x	xxxx	xxxx	xxxx-xx	xxx	xxxx	xxxx		Col 3 x mile rate (\$0.545)	\$ -
											Col 6	\$ -
											Col 7	\$ -
											Col 8	\$ -
Department Div. Head - Date											Col 9	\$ -
											Col 10	\$ -
											Col 11	\$ -
Superintendent or Deputy - Date											LESS CASH ADVANCE	
TOTAL \$										-	TOTAL CLAIM \$ -	

Check here if using more than one form