Form 110-64
Revised 04/2014

COUNTY OF ALAMEDA
OFFICE OF THE AUDITOR-CONTROLLER
NON-COUNTY EMPLOYEE EXPENSE CLAIM

Business Unit: _____

Voucher #:_____

_____ _____ _____

FIRST NAME LAST NAME LAST 5 DIGITS OF SSN/ VENDOR ID

_____

REMITTANCE ADDRESS ☐ (Check if new)

_____ _____ _____ _____

DEPT NAME DEPARTMENTAL LIAISON QIC WORK PHONE

INSTRUCTIONS TO THE CLAIMANT:

1. Non-County employees, except contractors, should use this form to claim reimbursement for expenses which are specifically authorized by the Board of Supervisors, a grant agreement, or other statutory authority. This form should not be used by individuals or organizations which contract with the County.
2. The name shown above must match the name on file with the Social Security Administration for the SSN listed above.
3. **Provide a detailed description of the claimed expenses on the back of this form**. All expenses must be supported by **proof of payment** (original cash receipts, invoices, photocopies of canceled checks, customer's copy of money orders, charge slips or copies of checks with the bank statement showing the posted payment) attached to this form.
4. For conferences and seminars, attach a copy of the **program announcement, schedule of events** and **registration forms** showing conference dates, times, location, costs and any lodging or meals included in the registration fee. Lodging and transportation charges should be supported by a copy of the hotel bill, airline ticket and any other applicable documentation.
5. The flat rate for actual costs of meals is $11 for breakfast, $16 for lunch, $29 for dinner. This is **not** a per diem. The meal must be purchased to be reimbursed. If a meal is served on an airplane or included in a registration fee, the purchase of an additional meal is not allowable.
6. Unless specified otherwise in the contract or other authority, mileage may be reimbursed at the county rate in effect at the time of travel.
7. Phone calls for county business may be reimbursable; personal calls are not. Designate county business calls on the hotel or telephone bill.
8. Tips: must be for meal or taxi service, and be shown on receipt. Can only be reimbursed in accords with the community standards (up to 15-20%) .
9. Claimants are expected to use the least expensive method of transportation and make every effort to obtain the lowest possible airfare. Only Board of Supervisors approved travel agencies may arrange for airline travel.
10. Submit the claim to the liaison department for review and approval.

INSTRUCTIONS TO THE DEPARTMENT:

1. Fill out the department name, liaison name, QIC and work phone.
2. Attach a copy of the Board minute order, grant agreement or other authority which specifically authorizes the expenses claimed herein.
3. For out-of-state travel, attach a copy of the OOST Form 110-25 with the CAO's authorization.
4. Scan the invoice/form along with supporting documents, create an online voucher and link the imaged copies to the voucher.

CLAIMANT'S CERTIFICATION

I certify that I incurred the expenses detailed herein in accordance with the specific authority granted by the Board of Supervisors, a grant agreement or other authority; and that the said details are true and correct to the best of my knowledge.

_____ DATE_____

CLAIMANT'S SIGNATURE

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	Budget Yr.	Project	Amount

Vendor ID:_____ Voucher #: _____ Payment Handling: ☐ US Mail ☐ Return to Dept.

Invoice No.: _____ Pay Comments: _____

DEPARTMENT HEAD'S CERTIFICATION

I certify that the expenses claimed herein were required in accordance with the relevant provisions of Chapter 3.36 of the Alameda County Administrative Code

_____ _____

DEPARTMENT HEADS' SIGNATURE DATE

FOR AUDITOR'S USE ONLY

☐ Approved

☐ Not Approved Reason: _____

_____ _____

CENTRAL CLAIMS APPROVER DATE

TRANSPORTATION EXPENSE DETAIL

DATE	PURPOSE OF TRIP ORIGIN/DESTINATION	TRANSPORT CHARGES	MEAL COSTS	LODGING CHARGES	OTHER CHARGES ITEM	OTHER CHARGES COST
		$	B $	$		$
	FROM:		L $			
	TO:		D $			
		$	B $	$		$
	FROM:		L $			
	TO:		D $			
		$	B $	$		$
	FROM:		L $			
	TO:		D $			
		$	B $	$		$
	FROM:		L $			
	TO:		D $			
		$	B $	$		$
	FROM:		L $			
	TO:		D $			
TOTALS:		$ 0.00	$ 0.00	$ 0.00		$ 0.00

MILEAGE EXPENSE DETAIL

DATE	PURPOSE	FROM	TO	NET ALLOW MILES	PARKING & BRIDGE	PUBLIC TRANSIT CHARGE
					$	$
					$	$
					$	$
					$	$
					$	$
TOTALS:					$ 0.00	$ 0.00

TOTAL MILEAGE ALLOWANCE: _____ MILES @_____/MILE = $_____