County of Santa Barbara~Court Special Services

Juvenile Justice Delinquency Prevention Commission Reimbursement Claim Form

Date Worked	Brief Purpose of Work	Per Diem (1)	Travel		
			From	To	Miles

Director Information		Total Days:		Total Miles:		
Name:		@$50/month				$0.625
Address:		**Per Diem**			**Mileage**	
City:		**Total Claim**		$		
Zip		County Coding				
FIN#			LIAcct	Program	Org Unit	Project
Per diem rate is set by Board Ordinance #3901, 2		Per diem	7110	5003	1000	ANA
		Mileage	7730	5003	1000	ANA

I hereby certify under penalty of perjury under the laws of the State of California that the foregoing claims are true and correct to the best of my knowledge and belief.

Claimant's Signature		Phone
Treasurer	Date	Phone
Foreperson	Date	Phone
Court Authorization	Date	Phone