**State of California Travel Expense Claim Form**

### **Claimant Information**

**Full Name: \_\_\_\_\_\_\_\_\_\_  
Department/Agency: \_\_\_\_\_\_\_\_\_\_  
Employee ID: \_\_\_\_\_\_\_\_\_\_  
Position: \_\_\_\_\_\_\_\_\_\_  
Travel Period: \_\_\_\_\_\_\_\_\_\_**

### **Expense Claim Details**

| **Date** | **Travel Purpose** | **Transportation ($)** | **Lodging ($)** | **Meals ($)** | **Misc. ($)** | **Total ($)** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Amount Claimed:** |  | **$\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_** | **$\_\_\_\_\_\_** | **$\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_** |

### **Mileage Reimbursement (If Applicable)**

**Total Miles Driven: \_\_\_\_\_\_\_\_\_\_  
Rate Per Mile: \_\_\_\_\_\_\_\_\_\_  
Total Mileage Claim: $\_\_\_\_\_\_\_\_\_\_**

### **Receipts and Documentation**

**☐ Receipts Attached  
☐ Official Travel Authorization Attached**

### **Certification and Approval**

**I certify that the expenses listed above are true and incurred as part of official state business.**

**Claimant’s Signature: \_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_**

**Approving Official Name: \_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_**

**Finance Department Use Only  
Processed By: \_\_\_\_\_\_\_\_\_\_  
Payment Date: \_\_\_\_\_\_\_\_\_\_  
Payment Reference Number: \_\_\_\_\_\_\_\_\_\_**