

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: _____