



HPAC

HOSPITAL POLICE ASSOCIATION OF CALIFORNIA

2029 H Street, Sacramento, CA 95814

EXPENSE AND TRAVEL CLAIM

CLAIMANT'S NAME															
POSITION															
RESIDENCE ADDRESS (optional)															
CITY, STATE, ZIP CODE															
MONTH/YEAR	PURPOSE OF EXPENSE	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					OTHER CHARGES	TOTAL EXPENSES		
DATE			BREAK-FAST	LUNCH	O.T., L.T, N/C, RELO. OR DINNER		COST OF TRANS.	PRE-PAID	CARFARE, TOLLS, PARKING	PRIVATE CAR USE					
										MILES	AMOUNT				
SUBTOTALS															
CLAIM TOTAL															
PURPOSE OF TRIP, REMARKS AND DETAILS (attach receipts/vouchers when required)															
CLAIMANT'S SIGNATURE				DATE				SIGNATURE OF APPROVING OFFICER				DATE			