



California Statewide Law Enforcement Association

EXPENSE AND TRAVEL CLAIM

CLAIMANT'S NAME												
POSITION												
RESIDENCE ADDRESS (optional)												
CITY, STATE, ZIP CODE												
MONTH/YEAR	PURPOSE OF EXPENSE	LODGING	MEALS			INCIDENTALS (\$10)	TRANSPORTATION			OTHER CHARGES	TOTAL EXPENSES	
			BREAK-FAST (\$10)	LUNCH (\$15)	O.T., L/T, N/C, RELO. OR DINNER (\$25)		COST OF TRANS.	CARFARE, TOLLS, PARKING	PRIVATE CAR (\$0.58 mileage)			
DATE									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		