

CLAIMANT'S NAME Benjamin Teigh		SSAN OR EMPLOYEE NUMBER* 123-45-6789		DEPARTMENT CDF	
POSITION Fire Apparatus Engineer		CB/ID NUMBER R08	DIVISION OR BUREAU Nipomo Fire Station		INDEX NUMBER 3400
RESIDENCE ADDRESS* 125 N. Thompson Ave.		HEADQUARTERS ADDRESS 450 Pioneer Street		TELEPHONE NUMBER 805 929-3911	
CITY Nipomo	STATE CA	ZIP CODE 93444	CITY Nipomo	STATE CA	ZIP CODE 93444

(1) MONTH/YEAR	(2) DATE	(3) TIME	(4) LOCATION	(5) EXPENSES INCURRED	(6) LOGGING	(7) MEALS				(8) INCIDENTALS	(9) TRANSPORTATION				(10) BUSINESS EXPENSE	(11) TOTAL EXPENSES FOR DAY	
						BREAK-FAST	LUNCH	OT., LT N/C. RELO. OR DINNER	(A) COST OF TRANS.		(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT			
1	1400		Nipomo to lone					\$18.00					310	\$156.55		\$174.55	
2			lone						\$6.00					\$0.00		\$6.00	
3			lone						\$6.00					\$0.00		\$6.00	
4			lone						\$6.00					\$0.00		\$6.00	
5			lone						\$6.00					\$0.00		\$6.00	
6	2200		and return					\$18.00	\$6.00				310	\$156.55		\$180.55	
8	1400		Nipomo to lone					\$18.00						\$0.00		\$18.00	
9			lone						\$6.00					\$0.00		\$6.00	
10			lone						\$6.00					\$0.00		\$6.00	
11			lone						\$6.00					\$0.00		\$6.00	
12			lone						\$6.00					\$0.00		\$6.00	
13	2200		and return					\$18.00	\$6.00					\$0.00		\$24.00	
			Attended Leadership Fundamentals course at CDF Fire Academy												\$0.00		\$0.00
														\$0.00		\$0.00	
														\$0.00		\$0.00	
														\$0.00		\$0.00	
														\$0.00		\$0.00	
(10)	SUBTOTALS				\$0.00	\$0.00	\$0.00	\$72.00	\$60.00	0	\$0.00	620.00	\$313.10	\$0.00		\$445.10	

Sample

CLAIM TOTAL													\$445.10
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12) NORMAL WORK HOURS
	(13) PRIVATE VEHICLE LICENSE NO. 5ABC123
	(14) MILEAGE RATE 0.505
	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Section 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE <i>[employee's signature]</i>	DATE <i>[date signed]</i>	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[supervisor (BC or higher) signature]</i>	DATE <i>[date signed]</i>
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES <i>(See Item 17 on reverse)</i>		DATE	