Chabot-Las Positas Community College District

Travel Expense

Claim For The Month Of _____ Year _____

Claimant _____ W# _____

Date	Location of Origin	Destination	Purpose	Miles

Incidental Charges	
Type	Amount
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$

I CERTIFY THIS IS A TRUE STATEMENT OF TRAVEL EXPENSES INCURRED BY ME IN THE PERFORMANCE OF AUTHORIZED DUTIES

Total Incidentals $ 0.00

Total Miles 0 @ $ 0.56 /mile $ 0.00

Incidentals + Mileage Reimbursement = $ 0.00

Grand Total

Claimant's Signature _____ Date _____

Approver's Signature _____ Date _____

_____ - _____ - _____ - _____

Account to be Charged

Reset