Chabot-Las Positas Community College District
Office of Business Services
Travel Expense

Check Disposition Preference

☐ USPS ☐ ACH ☐ DISTRICT OFFICE
☐ INTEROFFICE: ☐ CHABOT ☐ LPC ☐ EDCE

Claimant _____ Home Address _____ W# _____ Claim For The Month Of _____ Year _____

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 @ $ 0.655 /mile $ 0.00

Incidentals + Mileage Reimbursement = $ 0.00
Grand Total

Claimant's Signature _____ Date _____

Approver's Signature _____ Date _____

Approver's Signature _____ Date _____

_____ - _____ - _____ - _____
FOAP Account to be Charged

Reset

Revised 1-17-2023 Business Services