

Claimant's Name Terry Smith							SSAN OR EMPLOYEE NUMBER* 123456			DEPARTMENT ACCOUNTING SERVICES (41406)																			
POSITION Faculty / Group Leader							DIVISION OR BUREAU																						
RESIDENCE ADDRESS* 123 Main St Fresno, CA 93710							HEADQUARTERS ADDRESS 5150 N Maple Ave JA58 Fresno, CA 93740				TELEPHONE NUMBER (559) 123-4567																		
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE																			
(1)MONTH/YEAR		(3)		(4)		(5)MEALS		(6)		(E)TRANSPORTATION		(7)BUSINESS EXPENSE		(8)TOTAL EXPENSES FOR DAY															
		LOCATION WHERE EXPENSES WERE INCURRED		LODGING		BREAK-FAST		LUNCH		O.T., L/T N/C, RELO OR DINNER		INCIDEN - TALS		(A)COST OF TRANS.		(B)TYPE USED		(D)CARFARE, TOLLS, PARKING		(E)PRIVATE CAR USE									
(2) Date		Time																											
04/14/2024				GLENDALE, CA		917.75						555.00				250.00				78.40						1000.00		2801.15	
04/15/2024						917.75						400.00				90.00				78.40								1486.15	
04/16/2024						917.75						740.00								78.40								1736.15	
04/17/2024												555.50				43.50				78.40								677.40	
SUBTOTALS						2753.25		0.00		0.00		2250.50		0.00		383.50				313.60		0.00		NaN		1000.00		6700.85	
COLUMN CODE (ACCTG. USE ONLY)																													
Amount		Account		Fund		Department		Program		Class		Project																	
224.00		606001		90000		41406																							
5476.85		606001		46xxx		41406																							
CLAIM TOTAL		1000.00		660003		46xxx		41406																					
(12) NORMAL WORK HOURS																													
(13) PRIVATE VEHICLE LICENSE NUMBER																													
(14) MILEAGE RATE CLAIMED 0.67																													
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Faculty took 10 students to the ABC Accounting conference in Glendale, CA. Dinner was provided on 4/15/24.												AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND 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 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 Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.																													
CLAIMANT'S SIGNATURE						DATE		SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT						DATE															
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 on reverse)												DATE																	