

# TRAVEL EXPENSE CLAIM



Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ SoCal Position: \_\_\_\_\_  
 City: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Destination: \_\_\_\_\_  
 Purpose of Trip: \_\_\_\_\_ Date of Trip From: \_\_\_\_\_ To: \_\_\_\_\_

Check Distribution: Mail / Hand Deliver (circle one)

Please attach receipts					Rate/Mile \$0.58 per mile			Totals	Acct #
Date:									
<i>Personal car mileage:</i>								miles	
<i>Mileage Expense</i>	\$	\$	\$	\$	\$	\$	\$	\$	
<i>Airfare</i>								\$	
<i>Lodging</i>								\$	
<i>Breakfast</i>								\$	
<i>Lunch</i>								\$	
<i>Dinner</i>								\$	
<i>Incidental</i>								\$	
<i>Ground Transportation</i>								\$	
<i>Registration</i>								\$	
<i>Parking</i>								\$	
<i>Business Expenses</i>								\$	
<b>Travel Expense Total</b>								\$	

**Traveler's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Chapter President / Chapter Legislation & Ed.*  
 Per diem is up to \$55.00 per day  
 \$10 – breakfast  
 \$15 – lunch  
 \$25 – dinner  
 \$5 – incidentals (claimed for whole periods of 24 hours only)

**Mail completed form & all supporting documents to:**

**WESTOP SoCal Chapter**  
**Attn: Angie Alvarez**  
**Pasadena City College**  
**1570 East Colorado Boulevard - Room V104**  
**Pasadena, CA 91104**

Office: (626) 585-7362 Cell: (626) 765-1325 Email: axalvarez@pasadena.edu

TREASURER USE ONLY			
Treasurer Approval	Check #	Date Issued	QB entry date
_____	_____	_____	_____