

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 \$0.54 per mile			Totals	Acct #
Date:									
Personal car mileage:									miles
Mileage Expense	\$	\$	\$	\$	\$	\$	\$		
Airfare							\$		
Lodging							\$		
Breakfast							\$		
Lunch							\$		
Dinner							\$		
Incidental							\$		
Ground Transportation							\$		
Registration							\$		
Parking							\$		
Business Expenses							\$		
Travel Expense Total								\$	

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: Elizabeth Morales Y22
 Long Beach City College Upward Bound
 4901 E. Carson St.
 Long Beach, CA 90808**

Office: (562) 938-3188 Cell: (562) 477-0697 Email: emorales@lbcc.edu

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