

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>								\$	
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: Miguel Zarate Jr.
 Riverside City College
 4800 Magnolia Avenue
 Riverside, CA 92506**

Office: (951)328-3532 Email: miguel.zarate@rcc.edu

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