SJCPHD1 — EXPENSE REIMBURSEMENT FORM

EMPLOYEE NAME _____ DATE SUBMITTED _____ TRAVEL REASON / DESTINATION _____

MEALS

	DATE (MM/DD/YYYY)	TIME
Start		
End		

BREAKFAST	LUNCH	DINNER	MEALS TOTAL

LODGING

NUMBER OF NIGHTS _____

- ○ Default — $175 / night
- ○ $220 / night (Agency Head approval)
- ○ Custom rate $/night _____ (Agency Head approval + receipt)

Lodging

TRANSPORTATION

	MILES	AMOUNT
Mileage × $0.70 (map required)		
Ferry Ticket — receipt required — personal or agency vehicle		
Parking — receipt required		
Airfare — receipt required		
Excess Baggage — receipt required		
Uber / Taxi / Mass Transit — receipt required		
Car Rental / Gas — receipt required		

Transportation

MISCELLANEOUS (RECEIPTS REQUIRED UNLESS NOTED)

Date (mm/dd/yyyy)	Description (OTEP $120 — no receipt needed)	Amount

Misc

TOTAL REIMBURSEMENT

I swear that the above expenses are true as stated, and that the expenses charged were necessary and approved prior to expenditure.

Signature of Claimant _____ Signature of Agency Head _____