COUNTY OF SAN JOAQUIN
EXPENSE REIMBURSEMENT CLAIM

3. Dept. _____

4. Date _____

1. Payable to: _____

2. Address _____

5.

FUND	DEPT. NO.	EXP. ACCT.	PROG. CD.	PROJ. CD.	AMOUNT	VOUCHER NO.

6. Date	7. DESTINATION AND PURPOSE OF TRIP	8. TRANSPORTATION		9.	10. MEALS (Actual Cost)			11. MISCELLANEOUS	
		A. MILES PRIVATE CAR	B. FARES PUBLIC TRANS.	LODGING	BKFST	LUNCH	DINNER	AMOUNT	PURPOSE
	TOTALS								

To #12

The undersigned, under penalty of perjury, states: That the above items are true and correct; are in comformity with rules and regulations pertaining to travel, meals, lodging and use of private vehicles, and that no part thereof has been previsouly paid.

Claim examined and approved pursuant to Govt. Code Sec. 29741.

ADRIAN J. VAN HOUTEN, CPA
County Auditor-Controller

by _____
Deputy

12. MILEAGE CLAIMED

_____ Miles @ . $

From #8A

Minimum Monthly Allowance

Total Mileage Amount

13. Total Claim Amount (#8B ≥ 12) $

Less: Travel Advance

Net Reimbursement Amount $

14. Signed _____

15. Expenditures Approved by _____
County Official

16. Date Approved _____

CDS 4(8/04)