

**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. LODGING	10. MEALS (Reimbursable Cost)			11. MISCELLANEOUS	
		A. MILES PRIVATE CAR	B. FARES PUBLIC TRANS.		BKFST	LUNCH	DINNER	AMOUNT	PURPOSE
<b>TOTALS</b>			\$	\$	\$	\$	\$	\$	

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

Claim examined & approved  
pursuant to Govt. Code Sec. 29741.  
**JEFFERY M. WOLTKAMP, CPA**  
Auditor-Controller

14. Signed \_\_\_\_\_

15. Expenditures Approved by \_\_\_\_\_  
County Official

by \_\_\_\_\_  
Deputy

12. MILEAGE CLAIMED	
_____ Miles @ _____	\$ _____
Minimum Monthly Allowance	_____
Total Mileage Amount	_____
13. TOTAL CLAIM AMOUNT	
Less: Travel Advance	_____
<b>NET REIMBURSEMENT AMOUNT</b>	<b>\$ _____</b>

16. Date Approved \_\_\_\_\_