



CALIFORNIA CORRECTIONAL PEACE OFFICERS ASSOCIATION
755 RIVERPOINT DRIVE
WEST SACRAMENTO, CA 95605

PHONE (916) 372-6060
FAX (916) 372-6623

TRAVEL EXPENSE CLAIM

DATE _____

NAME _____

PHONE _____

ADDRESS _____

STREET

CITY

STATE

ZIP

PURPOSE OF TRIP _____

DATE FROM _____ DATE TO _____

CITY DEPARTED _____

DESTINATION _____

TOTAL MILEAGE _____ @ .55.5 ¢/PER MILE \$ _____

AIRFARE TOTAL \$ _____

(BACK PAGE MUST BE FILLED OUT)

DAYS PAY FOR CURRENT PAY SCALE **(ONLY IF ON VACATION)**

AMOUNT \$ _____

OTHER EXPENSES EXPLANATION _____

AMOUNT \$ _____

TOTAL CLAIM AMOUNT \$ _____

SIGNATURE

AUTHORIZED (PRINT NAME)

- 1) THE BEST COST FOR TRAVEL WILL BE PAID. (EITHER AUTOMOBILE MILEAGE OR PLANE TICKET)
- 2) IF REQUESTING MILEAGE REIMBURSEMENT THE LOG ON THE BACKSIDE MUST BE COMPLETED.
- 3) FOR RECEIPTS, A CASH REIMBURSEMENT FORM MUST BE COMPLETED AND ATTACHED. ALL RECEIPT MUST BE TAPED DOWN IN ORDER BY DATE, AND RECEIPTS MUST BE PRESENTED FOR REIMBURSEMENT.
- 4) IF YOU ARE SCHEDULED TO USE VACATION OR CTO TIME, WE WILL REIMBURSE YOU BASED ON YOUR PAY SCALE.
- 5) TRAVEL MUST BE PRE-APPROVED.

