EXPENSE CLAIM

(AOC Electronic) Revised 08/06

CLAIMANT'S NAME	SSN OR EMPLOYEE NUMBER*	DIVISION
POSITION/TITLE / CBID**	UNIT/OFFICE OR DISTRICT (as applicable)	E-MAIL ADDRESS
RESIDENCE ADDRESS	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE	

(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION						(8)	(9)
(2) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS PARKING		(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
(10) SUBTOTALS															

CLAIM TOTAL

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

ACCOUNTING OFFICE USE ONLY

CLAIMANT #

INVOICE DATE

INVOICE AMOUNT

PAID BY REVOLVING FUND CHECK #

(13) NORMAL WORK HOURS	(14) PRIVATE VEHICLE LICENSE NO.	(15) MILEAGE RATE CLAIMED
		0.500

(16) I HEREBY CERTIFY that the above statement is a true statement of the travel expenses incurred by me in accordance with the State of California travel reimbursement policy and guidelines as adopted by the Administrative Office of the Courts

CLAIMANT'S SIGNATURE	DATE	(17) SIGNATURE, OFFICER APPROVING TRAVEL AND PAYMENT	DATE