

EXPENSE REPORT

**Mail to: Gail Fernandez
Dept. of Calif. MCL
8921 Hollowstone Way
Sacramento, CA 95828**

From: _____

Title: _____

Address: _____

Office Expense:

(201) Postage _____

(204) Office Supplies: _____

(208) Printing: _____

Other/explain: _____

Total Office Expense: _____

Personal Expenses:

Hotel/Motel: _____

Meals (Convention Banquet only): _____

Other: _____

Explain: _____

Transportation:

Airfare/Rail/Bus: _____

Mileage _____ miles @ \$.14/mile: _____

Other: _____

Explain: _____

Total Personal and Transportation: _____

Total reimbursable expense (Office & Personal) \$ _____

Purpose of expense: _____

Attach substantiating receipts & mileage printout.

Check # _____

Paid Date _____