

EXPENSE REPORT

Send to:

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Date \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Office Expense:

(201) Postage: \_\_\_\_\_

(204) Office Supplies: \_\_\_\_\_

(208) Printing: \_\_\_\_\_

**Total Office Expense** \_\_\_\_\_

Personal Expenses:

Hotel/Motel: \_\_\_\_\_

Transportation: \_\_\_\_\_

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

**Attach substantiating receipts & mileage printout.**  
**Receipts must be attached our reimbursement will not be paid.**

Other/explain \_\_\_\_\_

**Total Personal and Transportation** \_\_\_\_\_

**Total reimbursable expense (Office & Personal) \$** \_\_\_\_\_

**Purpose of expense:** \_\_\_\_\_

**Check #** \_\_\_\_\_

**Paid Date** \_\_\_\_\_