

**CONTRA COSTA WATER DISTRICT
TRAVEL EXPENSE REPORT**

Name: _____ Department: _____ Date of Report: _____

Destination and Purpose of Travel: _____

<u>EXPENSE ITEM</u>	<u>Day:</u>					<u>TOTAL</u>
Lodging:	_____	_____	_____	_____	_____	\$0.00
Meals (inc. tips):						
Breakfast	_____	_____	_____	_____	_____	\$0.00
Lunch	_____	_____	_____	_____	_____	\$0.00
Dinner	_____	_____	_____	_____	_____	\$0.00
Transportation:						
(Type):	_____	_____	_____	_____	_____	\$0.00
Mileage	_____	_____	_____	_____	_____	\$0.00
miles @ \$.375/mi.						
Registration Fees:	_____	_____	_____	_____	_____	\$0.00
Miscellaneous:	_____	_____	_____	_____	_____	\$0.00
	_____	_____	_____	_____	_____	\$0.00
	_____	_____	_____	_____	_____	\$0.00
	_____	_____	_____	_____	_____	\$0.00
TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

<u>Account Nos.:</u>		<u>Pre-paid:</u>	
Lodging/travel/miles/misc. (9202)	\$0.00	Lodging	0.00
Meals/Business Activities (9213)	\$0.00	Transp.	0.00
Registration/Training (9217)	\$0.00	Registration	0.00
		Cash Advance	0.00
		Other	0.00
		Total	0.00

I hereby certify that the above are actual expenses incurred and that I am entitled to reimbursement therefor.

Balance - (Refund) - Due \$0.00

Signature Date

Approved (Signature) Date