

CONTRA COSTA WATER DISTRICT  
TRAVEL EXPENSE REPORT

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Destination: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_

<u>EXPENSE ITEM</u>	<u>Day:</u>					<u>TOTAL</u>
<b>Lodging:</b>						\$0.00
<b>Per Diem Meal Rates</b>						
Breakfast						\$0.00
Lunch						\$0.00
Dinner						\$0.00
<b>Transportation:</b>						
(Type):						\$0.00
(Type):						\$0.00
(Type):						\$0.00
<b>Mileage</b>						\$0.00
__miles @ \$.625/mi						
<b>Registration Fees:</b>						\$0.00
<b>Miscellaneous:</b>						\$0.00
						\$0.00
						\$0.00
						\$0.00
<b>TOTALS</b>		\$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	Cash Advance	0.00
Meals/Business Activities (9213)	\$0.00	Transportation	0.00
Registration/Training (9217)	\$0.00	Registration	0.00
		Lodging	0.00
		Other	0.00
		Total	0.00

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

**Balance - (Refund) - Due** \$0.00

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved (Signature) \_\_\_\_\_ Date \_\_\_\_\_