



STEGE SANITARY DISTRICT
 7500 Schmidt Lane
 El Cerrito, CA 94530

TRAVEL EXPENSE CLAIM

NAME (PRINT) _____ DATE _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

DATE.....							ACCOUNTING USE ONLY Acct. No. _____ Date Paid _____ Warrant No. _____
LOCATION.....							
ACTIVITY.....							
DEP. TIME/RET. TIME							
	LODGING	LODGING	LODGING	LODGING	LODGING	TOTALS	I hereby certify that this is a true statement of travel expenses incurred by me in accordance with the current travel expense policy of the Stege Sanitary District during the period of this claim, that all items shown were for official business of the District, and that no expenses herein were received or paid from any other source. _____ Signature _____ Title Total Expense (this page). _____ Total from attached pages _____ Grand Total Expenses..... _____ Less - Travel Advance..... _____ Less - Dist. Credit Card _____ Balance Due: Employee _____ Stege Sanitary District... _____
1. ROOM.....							
	MEALS	MEALS	MEALS	MEALS	MEALS	TOTALS	
2. BREAKFAST.....							
3. LUNCH.....							
4. DINNER.....							
5. INCIDENTALS.....							
6. PER DIEM.....							
	TRAVEL	TRAVEL	TRAVEL	TRAVEL	TRAVEL	TOTALS	
7. COMMON CARRIER.							
8. AIRPORTER.....							
9. MILES							
10. PERSONAL CAR*.....							
11. PARKING.....							
12. BRIDGE TOLLS.....							
	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS	TOTALS	
11. TAXI.....							
12. RENTAL CAR.....							
13. OTHER (EXPLAIN)...							
TOTAL						TOTAL	

DATE	ITEM	COMMENT**
*Standard mileage rate 56 cents per mile 01/01/2014 **Refer to Administrative Procedure No. A102-1202		

RECOMMENDED FOR PAYMENT: _____ District Manager APPROVED: _____ President, Stege Sanitary District
