



STEGE SANITARY DISTRICT
 7500 Schmidt Lane
 El Cerrito, CA 94530

TRAVEL EXPENSE CLAIM

PAGE ____ OF ____

NAME (PRINT) _____ DATE _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

	LODGING	LODGING	LODGING	LODGING	LODGING	TOTALS	ACCOUNTING USE ONLY Acct. No. _____ Date Paid _____ Warrant No. _____ 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. _____
DATE.....	_____	_____	_____	_____	_____	_____	
LOCATION.....	_____	_____	_____	_____	_____	_____	
ACTIVITY.....	_____	_____	_____	_____	_____	_____	
DEP. TIME/RET. TIME	_____	_____	_____	_____	_____	_____	
1. ROOM.....	_____	_____	_____	_____	_____	_____	
2. BREAKFAST.....	MEALS	MEALS	MEALS	MEALS	MEALS	TOTALS	
3. LUNCH.....	_____	_____	_____	_____	_____	_____	
4. DINNER.....	_____	_____	_____	_____	_____	_____	
5. INCIDENTALS.....	_____	_____	_____	_____	_____	_____	
6. PER DIEM.....	_____	_____	_____	_____	_____	_____	
7. COMMON CARRIER.	TRAVEL	TRAVEL	TRAVEL	TRAVEL	TRAVEL	TOTALS	
8. AIRPORTER.....	_____	_____	_____	_____	_____	_____	
9. MILES	_____	_____	_____	_____	_____	_____	
10. PERSONAL CAR*.....	_____	_____	_____	_____	_____	_____	
11. PARKING.....	_____	_____	_____	_____	_____	_____	
12. BRIDGE TOLLS.....	_____	_____	_____	_____	_____	_____	
11. TAXI.....	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS	TOTALS	
12. RENTAL CAR.....	_____	_____	_____	_____	_____	_____	
13. OTHER (EXPLAIN)...	_____	_____	_____	_____	_____	_____	
TOTAL	_____	_____	_____	_____	_____	TOTAL	

DATE	ITEM	COMMENT**
*Standard mileage rate .58 cents per mile 01/01/2019		
**Refer to Administrative Procedure No. A102-1202		

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