MARINE LAW ENFORCEMENT TRAINING PROGRAM TRAVEL EXPENSE WORKSHEET

SIGN AND SUBMIT COMPLETED PACKETS TO: lawenforce@parks.ca.gov

CLAIMANT / STUDEN	IT NAME (Last, First)								
AGENCY NAME (As listed on MOU)					AGENCY TELEPHONE NO.				
WORK ADDRESS (St	reet, City, State, Zip Coo	de)							
NAME OF TRAINING COURSE ATTENDED					TRAINING COURSE DATE(S)				
LOCATION OF TRAIN	IING COURSE (City of L	Destination)							
Visit the CalHR Travel Reimbursement webpage for current reimbursement rates/limits.									
City (Departure)	Date	Time	City (Return)		Date	Time		
TRANSPORTATION COSTS									
PRIVATE VEHIO	N E		per mile X	TOTAL MILEAGE	= \$	REIMBURSEM	IENT COST		
			per mile X		·	TOTAL RECEI	PTS		
PARKING/TOLL	(Receipts Requir	ea)			= \$		PTS APPROVED		
AIRFARE (Rece	ipts Required)				= \$		PTS APPROVED		
RENTAL VEHICLE (Receipts Required) =)	TOATTROVED		
LODGING COSTS (Must be 50+ miles round-trip from work address to training)									
LODGING (Rece	·				= \$	TOTAL OF RE	CEIPTS		
LODGING (Receipts Required)					= \$	TOTAL OF RE	CEIPTS		
PARKING FOR LODGING (Receipts Required)						TOTAL OF RE	CEIPTS		
Other (explained below - receipts may be required) = \$									
PER DIEM (Meals)									
	(<u>Mus</u>	<u>t</u> be 50+ miles		om work address t	o training)				
BREAKFAST	(Complete page 2	2)			= \$		RSEMENT COST		
LUNCH	(Complete page 2	2)			= \$	TOTAL REIMBU	RSEMENT COST		
DINNER	(Complete page 2	2)			= \$		RSEMENT COST		
	(**************************************	<u>- / </u>	MISCELLA	ANEOUS					
TOTAL OF RECEIPTS Miscellaneous Expenses (explained below - receipts may be required) = \$							CEIPTS		
			, ,	,	·				
TOTAL REIMBURSEMENT REQUESTED: \$									
SIGNATURE OF CLAIMANT			PRINTED NAME	<u> </u>		DATE			
SUPERVISOR / TRAII	NING COORDINATOR A	APPROVAL	PRINTED NAME	<u> </u>		DATE			

MARINE LAW ENFORCEMENT TRAINING PROGRAM TRAVEL EXPENSE WORKSHEET - Continued (Per Diem Meals Worksheet)

CLAIMANT / STUDENT NAME (Last, First)			

Visit the CalHR Travel Reimbursement webpage for current reimbursement rates/limits.

PER DIEM (Meals) WORKSHEET (Must be 50+ miles round-trip from work address to training)							
BREAKFAST		LUN	ICH	DINNER			
Date	Amount	Date	Amount	Date	Amount		