

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>
<b>Lodging:</b>	_____	_____	_____	_____	_____	\$0.00
<b>Meals (inc. tips):</b>						
Breakfast	_____	_____	_____	_____	_____	\$0.00
Lunch	_____	_____	_____	_____	_____	\$0.00
Dinner	_____	_____	_____	_____	_____	\$0.00
<b>Transportation:</b>						
(Type):	_____	_____	_____	_____	_____	\$0.00
Mileage	_____	_____	_____	_____	_____	\$0.00
miles @ \$.375/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	\$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