



Central California Adult Services Training Academy Travel Claim

Name of County: _____

Month/Year Service Rendered: _____

Date Prepared: _____

Preparer's Information

Name: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Follow the CDSS Pocket Guide for Non-State Employee Travel for Reimbursement rates.
A W-9 is required for payment.

Monthly Mileage Expenditures

* for those traveling 50 miles one way or more

Name of Staff	Name of Training	Miles	Rate	Amount
			Total	

Lodging/Parking Reimbursement

Staff	Name of Training	Nights of Stay	Parking	Amount
Total				

Meals Reimbursement

Staff	Name of Training	Breakfast/Lunch/ Dinner	Amount
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	
Total			

Attention: Send completed invoice electronically to cynthia@csufresno.edu
 For questions call Debbie Blankenship at 559-228-4085 or Cynthia Rodriguez at 559-228-4086