



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 |
|---------------|------------------|-------|--------------|--------|
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| | | | | |
| | | | | |
| | | | Total | |

Lodging/Parking Reimbursement

| Staff | Name of Training | Nights of Stay | Parking | Amount |
|--------------|------------------|----------------|---------|--------|
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| | | | | |
| | | | | |
| 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 | |
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| | | <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