



# 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
			<b>Total</b>	

# Lodging/Parking Reimbursement

Staff	Name of Training	Nights of Stay	Parking	Amount
<b>Total</b>				

# 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	
<b>Total</b>			

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