



CALIFORNIA FCCLA

Travel Expense Claim

Directions: Submit within ten (10) days after completion of trip. Travel policy and information are on the reverse side. Read carefully before completing this form. Receipts for hotels, plane fares, parking, and miscellaneous expenses attached to a separate sheet of paper must accompany this form.

Name:	Purpose of Trip:
Address:	
City: Zip:	
Region:	
Office Held:	Left Home: Date _____ Time _____
	Returned: Date _____ Time _____

MEALS				
Date	Meals			Daily Total
	Breakfast	Lunch	Dinner	

Total Meals:

\$ _____

TRANSPORTATION					
Date	Location From	Location To	Mode	Miles	Daily Total

(PC) Mileage Total: _____

PC Allowance Total: \$ _____

(State Office will compute at prevailing state rate)

MISCELLANEOUS EXPENSES (Specify)

Travel Expense Grand Total: \$ _____

I certify that the above stated expenses were incurred while traveling on business or conducting work for California FCCLA. A separate CA FCCLA Expense Claim must be filed for each trip.

SIGNED: _____ DATE: _____

FOR USE BY STATE OFFICE: APPROVED _____ DATE: _____

Please mail completed forms to: California FCCLA, Financial Services Office, PO Box 6, Galt, CA 95632

California FCCLA Travel Expense Claim

Policy and Information

GENERAL INSTRUCTIONS

- I. Complete and submit "Travel Expense Claim" and duplicate form (including receipts) within 10 days of the date of travel.
 - Send originals to the California FCCLA Financial Services Office
 - Keep one (1) copy for your files
- II. No travel reimbursement is allowed unless prior approval has been given by California FCCLA. Expenses not reimbursable include personal phone calls, snacks, unauthorized expenses, etc. Receipts must be originals, legible and taped to white paper.
- III. State the "Purpose of Trip" clearly, such as, "Leadership Training, Organize New Chapter..."
- IV. Show the inclusive dates for travel. Include the date and time you departed from home and the date and time you returned home.

A. MEALS AND LODGING

Individual receipts must be kept for all meals and room accommodations. Actual meal costs, not to exceed the California State Rates which are: breakfast \$7.00, lunch \$11.00, & dinner \$23.00 will be reimbursed. Breakfast can only be claimed if the hotel does not provide it.

B. RECEIPTS

All receipts must be legible, and taped onto a blank sheet of paper with the entire receipt visible. Only individual original receipts will be accepted. (No written receipts from a receipt book, or group receipts will be accepted.)

C. TRANSPORTATION

Show the "Date" and travel "From" and "To" each geographic location daily. You may visit several locations during a single day. Each one should be listed on a separate line in the "From" and "To" columns. Use more than one form if necessary.

"Mode" of transportation is the way you traveled. A combination of the following methods are possible:

PC = private car, to destination (airport, bus terminal, etc.)

CB = commercial bus

CP = commercial plane

T = train

P = passenger in private car

TX = taxi/limo

Please use the least expensive mode of travel. Plane or train travel must be approved in advance by the State Office. Car mileage may not exceed comparable air travel rates.

D. MISCELLANEOUS EXPENSES

All miscellaneous items must have a receipt. Miscellaneous items include: parking fees, bridge or toll fees, purchase of supplies approved in advance.

Any travel-connected expenses not normally covered should be fully explained under miscellaneous entries.

E. SIGNATURE

Sign and date completed form and send to Financial Services Office within 10 days of travel (return home).