State of California

DEPARTMENT OF WATER RESOURCES

California Natural Resources Agency

TRAVEL EXPENSE CLAIM

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See instructions and privacy statement on side two.

CLAIMANT'S NAME	SAP HR PERSONNEL NUMBER	SAP EMPLOYEE VENDOR NUMBER

CLASSIFICATION	BARGAINING UNIT NUMBER	DIVISION, BRANCH, ETC.	OFFICE PHONE

RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	ROOM NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

(1A) NORMAL WORK HOURS	(1B) WORK SCHEDULE	(1C) DAYS OFF	(2) PRIVATE VEHICLE LICENSE NUMBER(S) (If claiming mileage)

(3) EXCESS LODGING APPROVAL (STD 255c) ☐ YES ☐ NO	(4) MILEAGE CLAIM RATE	(5) TOTAL MILES CLAIMED

(6) MONTH/YEAR		(8) LOCATION/ PURPOSE OF TRIP FOR EXPENSES INCURRED	(9) LODGING	(10) MEALS			(11) INCI-DEN-TALS	(12) TRANSPORTATION						(13) BUSINESS EXPENSE	(14) TOTAL EXPENSES FOR DAY
(7) DATE	TIME			BREAK-FAST	LUNCH	O.T. L/T RELO. OR DINNER		(A) TYPE USED	(B) HOW PAID	(C) COST OF TRANS	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	(E) TAXI, TOLLS, PARKING		
SUBTOTAL															

(15) COST OBJECT	AMOUNT	REMARKS AND DETAILS (Attach receipts/vouchers when required)	CLAIM TOTAL
(16) TOTAL			

(17) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the State of California and that all items shown were for official State business. I also certify that if a privately-owned vehicle was used, I have met the insurance requirements in accordance with DAM 4131 (SAM 0754) and a DWR 4107 is on file, and that the actual cost of operating the vehicle was equal to or greater than the rate claimed for mileage rates exceeding the minimum amount permitted by the IRS, DPA rules, or the appropriate MOU.

SIGNATURE OF CLAIMANT	DATE	(18) SIGNATURE OF OFFICER APPROVING PAYMENT	DATE
(19) SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES	DATE	**FOR ACCOUNTING USE ONLY**	
TITLE		REVOLVING FUND CHECK NUMBER/CHECK DATE	
		TRIP NUMBER	

NCR USE ONLY