STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

CDC 1880

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME		SSN OR EMPLOYEE NUMBER*	DEPARTMENT
		XXX-XX- __ __ __ __	N/A

POSITION	CBID	DIVISION OR BUREAU	INDEX NUMBER
N/A	N/A	CDCR-OVSRS	65 714 0000

RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	P.O. Box 942883	

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento,	CA	94283

(1) MONTH/YR (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T.,L/T, N/C,RELO, OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(10)		SUBTOTALS												

CLAIM TOTAL **$**

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

TO ATTEND PAROLE BOARD HEARING FOR INMATE/WARD_____ WITH CDC/DJJ NUMBER _____ _____

65714

(12) NORMAL WORK HOURS

N/A

(13) PRIVATE VEHICLE LICENSE No.

(14) MILEAGE RATE CLAIMED

$ 0.500

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REV. FUND CHECK No.

PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL
	TOTALS										

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▷		▷	

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES *(See Item 17 on reverse)* DATE

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