



# Travel Expense Claim Worksheet

INSTRUCTIONS: Please complete the worksheet below for the expenses incurred while traveling to the parole hearing. **DO NOT** enter your expenses on the Travel Expense Claim (CDC 1880) form. OVSRS will complete sections 1-10 of the form with the approved expenses. If you have questions, please contact OVSRS at 1-877-256-6877. **All claims are subject to review and for various travel rules, state and federal requirements, may not be fully reimbursed.**

NAME: \_\_\_\_\_

INMATE NAME: \_\_\_\_\_

DATE OF HEARING: \_\_\_\_\_

CDCR NUMBER: \_\_\_\_\_

LOCATION/PRISON: \_\_\_\_\_

## TRANSPORTATION

<b>HOTEL</b>
Dates: _____
Total Cost: \$ _____ <i>Receipts Required</i>

<b>CAR MILEAGE</b>
Miles Traveled: _____ <i>IMPORTANT: mileage will only be approved from your home to the location/prison. Only one person in the vehicle may claim mileage.</i>
License Plate #: _____

<b>RENTAL CAR</b>
Dates Rented: _____
Total Cost: \$ _____ (Max \$33/day) <i>Receipts Required</i>

<b>FLIGHT</b>
Date: _____
Total Cost: \$ _____ (Max \$500) <i>Receipts Required</i>

<b>PARKING &amp; TOLLS</b>
Date: _____
Total Cost: \$ _____ <i>Receipts Required</i>

## MEALS

<b>BREAKFAST</b>
Date: _____
Total Cost: \$ _____ (Max \$7/day)

<b>LUNCH</b>
Date: _____
Total Cost: \$ _____ (Max \$11/day)

<b>DINNER</b>
Date: _____
Total Cost: \$ _____ (Max \$23/day)

<b>OTHER</b>
Description: _____ <i>(Attach separate sheet if necessary)</i>
Date: _____
Total Cost: \$ _____