



**CALIFORNIA STATE RETIREES INC**  
 1108 O Street, Ste 300 Sacramento, California 95814-9947  
 Committee \_\_\_\_\_ Chapter \_\_\_\_\_ Bd of Directors \_\_\_\_\_

**EXPENSE CLAIM**

**ACCOUNTING USE ONLY**

Name (print) \_\_\_\_\_ Date \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Date					
Location					
Time Depart					
Time Return					
Activity					
Activity Code					
	<b>LODGING</b>	<b>LODGING</b>	<b>LODGING</b>	<b>LODGING</b>	<b>LODGING</b>
1. Room					
2. Incidentals					
	<b>MEALS</b>	<b>MEALS</b>	<b>MEALS</b>	<b>MEALS</b>	<b>MEALS</b>
3. Breakfast					
4. Lunch					
5. Dinner					
	<b>TRAVEL</b>	<b>TRAVEL</b>	<b>TRAVEL</b>	<b>TRAVEL</b>	<b>TRAVEL</b>
6. Common Carrier					
7. Airporter					
8. Personal Car					
9. Parking					
10. Bridge Tolls					
	<b>MISCELLANEOUS</b>	<b>MISCELLANEOUS</b>	<b>MISCELLANEOUS</b>	<b>MISCELLANEOUS</b>	<b>MISCELLANEOUS</b>
11. Taxi cabs					
12. Tele/telegrams					
13. Other (explain)					
<b>TOTAL</b>					

I hereby certify that this is a true statement of travel expenses incurred by me in accordance with the current travel expense policy of the Association during the period of this claim, that all items shown were for official business of the Association, and that no expenses herein were received or paid from any other source.

Signature \_\_\_\_\_  
 Title \_\_\_\_\_

Total expense this page		
Total on attached pages		

Date	Item #	Comment

<b>Grand total expenses</b>		
Less – travel advances		
<b>Balance Due</b>	Member	\$ -
	CSR	\$ -
<b>APPROVED</b>		

NOTE: Original to be provided to Chapter Treasurer with Receipts attached; Retain Copies