

APPENDIX K

TRAVEL EXPENSE WORKSHEET FOR ICC MEETING(S)

Reimbursement for expenses is limited to the allowable reimbursement amounts, and by the conditions specified, in the **Travel Reimbursement Policies and Procedures**. Attach all original receipts, necessary forms, and documentation as specified in the instructions to ensure your travel claim is processed in a timely manner. Reimbursement for expenses will be made in a manner which is in the best interest of the State.

Please fill out this form in its entirety and submit the form to:

Department of Developmental Services, Monitoring & Family Services Branch, Interagency Coordinating Council, 1600 Ninth Street, Rm 320, M.S. 3-11, Sacramento, CA 95814.

| | |
|---|---|
| ICC Member or Community Representative Name: | Last four digits of SS#: |
| Telephone Number: | Car License Plate Number: |
| <input type="checkbox"/> Residence Address: City: _____ State: _____ Zip Code: _____ | Location of Meeting: |
| Left Home: _____ Date Time am/pm (circle one) | Returned Home: _____ Date Time am/pm (circle one) |
| Signature: _____ Date: _____ | |

A. TRANSPORTATION

| | |
|---|----------|
| <input type="checkbox"/> Airline or <input type="checkbox"/> Rail Receipt (Check One) (<i>PRE-PAID by DDS, Receipt Required, and Print Amount</i>) | \$ _____ |
| Personal Vehicle Mileage _____ (<i>Round Trip</i>) at 54 cents per mile (<i>Attach Mileage Calculator</i>) | \$ _____ |
| Shuttle Service (<i>Over \$10.00, include original receipts</i>) Totals Day 1 \$ _____ Totals Day 2 \$ _____ | \$ _____ |
| Taxi (Check a Method) | |
| <input type="checkbox"/> Reimbursement - (<i>Over \$10.00, include original receipts</i>) Totals Day 1 \$ _____ Totals Day 2 \$ _____ | \$ _____ |
| <input type="checkbox"/> Direct Billing - (<i>PRE-PAID by DDS, all receipts required</i>) Totals Day 1 \$ _____ Totals Day 2 \$ _____ | \$ _____ |
| Car Rental Receipt (<i>PRE-PAID by DDS, Receipt & Written Pre-Approval Required</i>) | \$ _____ |
| Parking/Bridge Tolls (<i>Over \$10.00, Include Original Receipts</i>) Totals Day 1 \$ _____ Totals Day 2 \$ _____ | \$ _____ |

B. MEALS (*No receipts need to be submitted; however, please retain your receipts for your records in case of an audit.*)

| DATE | BREAKFAST (<i>Up to \$7</i>) | LUNCH (<i>Up to \$11</i>) | DINNER (<i>Up to \$23</i>) | MEAL TOTALS |
|------|--------------------------------|-----------------------------|------------------------------|-------------|
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |

C. LODGING

(Original receipt must have a "0" balance). Travelers may not claim meals provided by the state, meals included in hotel expenses or conference fees, meals included in transportation costs such as airline tickets, or meals that are otherwise provided. \$ _____

D. CHILD CARE REIMBURSEMENT

(Submit Completed Childcare Reimbursement Receipt with an Original Signature from Provider) \$ _____

EXPENSE GRAND TOTAL \$ _____

Notes for DDS:
