

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, Early Start Policy and Operations Branch, Interagency Coordinating Council, 1215 O Street, M.S. 7-40, 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 70 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 (<i>Check a Method</i>)	
<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 (Up to \$16)	LUNCH (Up to \$19)	DINNER (Up to \$28)	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: