

MARINE LAW ENFORCEMENT TRAINING PROGRAM TRAVEL EXPENSE WORKSHEET

SIGN AND SUBMIT COMPLETED PACKETS TO:
lawenforce@parks.ca.gov

CLAIMANT / STUDENT NAME <i>(Last, First)</i>	
AGENCY NAME <i>(As listed on MOU)</i>	AGENCY TELEPHONE NO.
WORK ADDRESS <i>(Street, City, State, Zip Code)</i>	
NAME OF TRAINING COURSE ATTENDED	TRAINING COURSE DATE(S)
LOCATION OF TRAINING COURSE <i>(City of Destination)</i>	

Visit the [CalHR Travel Reimbursement](#) webpage for current reimbursement rates/limits.

City (Departure)	Date	Time	City (Return)	Date	Time

TRANSPORTATION COSTS

PRIVATE VEHICLE	_____ / per mile	X	TOTAL MILEAGE	=	\$	REIMBURSEMENT COST
PARKING/TOLL (Receipts Required)				=	\$	TOTAL RECEIPTS
AIRFARE (Receipts Required)				=	\$	TOTAL RECEIPTS APPROVED
RENTAL VEHICLE (Receipts Required)				=	\$	TOTAL RECEIPTS APPROVED

LODGING COSTS **(Must be 50+ miles round-trip from work address to training)**

LODGING (Receipts Required)				=	\$	TOTAL OF RECEIPTS
PARKING FOR LODGING (Receipts Required)				=	\$	TOTAL OF RECEIPTS
Other (explained below - receipts may be required)				=	\$	TOTAL OF RECEIPTS

PER DIEM (Meals) **(Must be 50+ miles round-trip from work address to training)**

BREAKFAST (Complete page 2)				=	\$	TOTAL REIMBURSEMENT COST
LUNCH (Complete page 2)				=	\$	TOTAL REIMBURSEMENT COST
DINNER (Complete page 2)				=	\$	TOTAL REIMBURSEMENT COST

MISCELLANEOUS

Miscellaneous Expenses (explained below - receipts may be required)				=	\$	TOTAL OF RECEIPTS
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TOTAL REIMBURSEMENT REQUESTED: \$

SIGNATURE OF CLAIMANT ▶	PRINTED NAME	DATE
SUPERVISOR / TRAINING COORDINATOR APPROVAL ▶	PRINTED NAME	DATE

