



SPPOAC

State Park Peace Officers Association

EXPENSE AND TRAVEL CLAIM

CLAIMANT'S NAME													
POSITION													
RESIDENCE ADDRESS (optional)													
CITY, STATE, ZIP CODE													
MONTH/YEAR	PURPOSE OF EXPENSE	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					OTHER CHARGES	TOTAL EXPENSES
			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		COST OF TRANS.	PRE-PAID	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
DATE										MILES	AMOUNT		
SUBTOTALS													
CLAIM TOTAL													
PURPOSE OF TRIP, REMARKS AND DETAILS (attach receipts/vouchers when required)													
MAIL TO: Jim Pence, PO Box 26, Lee Vining, CA 93541													
CLAIMANT'S SIGNATURE				SIGNATURE OF APPROVING OFFICER				DATE					