

## EXHIBIT B: ATTACHMENT 5 Sample Travel Reimbursement Report

STAFF NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

CALFED Grant No. \_\_\_\_\_ Subgrantee Agreement Number \_\_\_\_\_

Agreement Term \_\_\_\_\_

Travel Date(s): \_\_\_\_\_ Destination(s) \_\_\_\_\_

Itemization	Day 1	Day 2	Day 3	Day 4	Day 5	Totals
Airfare**						\$ -
Hotel**						\$ -
Auto Rental**						\$ -
Misc. Travel Expenses (i.e. gas, meals, etc)						\$ -
<b>SUB-TOTALS</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL CLAIM</b>						<b>\$ -</b>

Task Title	Task #	Purpose of Trip and Work Performed

\_\_\_\_\_  
 Claimant's Signature      Date

Approved by: \_\_\_\_\_  
    Signature      Date

\_\_\_\_\_  
 Print Name / Title

\_\_\_\_\_  
 Print Name / Title

**\*\* Required Receipts**

Airline ticket or ticket-less itinerary - Total Charge

All lodging - Receipts must show name, single room rate, tax per day, and form of payment.

Rental Car Agreement - Daily Rate