

Authorized Salary and Expenses Claim

Amtrak – BNSF – Caltrain – Metrolink -Pacific Harbor Line -Union Pacific

Name: _____ **Event:** _____

Address: _____ **Location:** _____

City: _____ **Date:** _____

Zip Code: _____

_____ Per Diem @ $80.00

_____ Workdays @ $575.00 per day Daily Federal Withholding Amount _____

_____Travel Days @ 575.00 per day Daily State Withholding Amount _____

ALL ORIGINAL RECEIPTS MUST BE ATTACHED WITH COMMENTS ON THE REVERSE SIDE*
****DATE, NAMES, EVENT, ETC. IN ORDER TO BE REIMBURSED ****

Office Supplies	**"Paper, staples, ink, folders, etc."**	**$**
Postage		**$**
Professional Printing Service	**"business cards, flyers, handouts, training aids, etc."**	**$**
Air travel		**$**
Luggage	**"Fees for air travel"**	**$**
Rental car		**$**
Hotel		**$**
Parking fee's		**$**
Meals		**$**
Mileage claimed @ 2026 IRS Allowance of 0.76	**Must have accompanying Map Quest Documentation**	**$**
Taxi-Rideshare-Shuttle-etc.		**$**
Event Registration		**$**
Other Expenses not listed		**$**

Check Number **Date** ***Total Expenses*** **$**

I certify that the above is true and correct _____ **Date** _____

Approved by CSLB State Chairman _____ **Date** _____

Robert J. Tuttle