STATE	STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM Forward Original and One Copy With															
BIAIL	A Il Required Receipts To: Travel Financial Services Branch Accounts Payable Unit, Room 140															
		F FOOI	O AND AGRICULTURE	Training	-	f-State Trip#						Accounts	Payable Unit, Room	140		
SO-27(Rev 6/ Claimant				# Social Security Number						Page	of					
Civil Service Classification Bargaining Unit & Designation							Branch Name						Telephone Number			
Residence	e Address	(PO Bo	ox Only is Unacceptable)				Headquarters Address									
City				Zip Code	Zip Code			City						Zip Code		
Month/Year			Location							Т		sportation				
Time Depart	Time Return	a t e	Where Expenses were In (Between What Poin		Breakfast B	Lunch L	Dinner D	Incidental	Cost of Trans	y p e	Tolls/ Parking fares	Priva Miles	ate car Amount	Business Expense	Total Expenses for day	
												INIIG	Amount			
Normal F	lours		Remarks or Details and Ex	planation of Busines	s Expenditure	es (Attach V	ouchers/Rece	eipts when rec	quired)							
	το															
Pvt Veh l	_ic#															
Rate Clai	med per Mile															
State Veh																
Accounting Paid by F			heck#	Conference or OPA 599.635		Attendance U	nder	Total Revolving Fund Advances for Month					Total Clain			
								\$								
					Department				-				-			
shown we	ere for the	official	t the above is a true stateme business of the State of Ca exceed the minimum rate,	lifornia. If a privately	owned vehi	cle was used	I, I have met	the requireme	ents in SA	M, Se	ection 0754.					
					=										-	
Signature of Claimant Date							Signature of Officer Approving Payment						Date			
Accounting Use On				Program Use	n Use gram Cost Accounting			Object Code			Accounting Use Only Amount					
LIIIC#		F`	Y %	Program Cost A	counting		Object Code		Allouit				Non- I axa	nie	Taxable	
		1														