



Authorized Salary and Expenses Claim

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

Name: _____ Event: _____
 Address: _____ Location: _____
 City: _____ Date: _____
 Zip Code: _____

_____ ½ day at \$250.00
 _____ Workdays @ \$500.00 per day
 _____ Travel Days @ 500.00 per day

Daily Federal Withholding Amount _____
 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 @ 2024 IRS Allowance of 0.67	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 _____

Ryan K. Snow