GOLD COAST TRANSIT - TRAVEL & OTHER EXPENSE REPORT FORM

						Item # 11	
Employee Name:	e : Steven Brown			ENTER D	ATES:		
	What Type of Expenses are Included on This Report?	From:	<u>To:</u>				
	Travel & Misc. Expenses			11/1/2019	12/27/2019		
Any Travel Adva	ance Received? (Enter Yes or No)		No	Enter Amount of Advance: →			
			140	Advance.		2	
Destination:	LOCAL and CalTip Meeting				•		
Reason for Travel;	Attend CalTIP meeting in San Diego				•		
					Reimbursable	Accounting	
<u>Date</u>	Description of Expense Item	Expense Type	Payment Method	Amount	All the control of th	A STREET OF THE OWNER OF THE OWNER OF THE OWNER.	
12/4/2019	Round Trip Train Ticket - Oxnard to San Diego	Transportation	Employee Paid	\$123.80	\$123.60		
12/4/2019	Taxi from train depot to hotel	Transportation	Employee Paid	\$10.00	\$10.00		
12/4/2019	Dinner	Meals/ Incidentals	Employee Paid	\$20.44	\$20.44		
12/6/2019	Hotel - 2 nights	Lodging	Employee Paid	\$426.10	\$426.10		
			Employee Paid				
			Employee Paid				
	77		Employee Paid				
	9		Employee Paid				
			Employee Paid				
			Employee Paid				
			Employee Paid				
			Employee Paid				
			Employee Paid				
	TOTALS FROM PAGE TWO (IF REQUIRED)				\$0.00		
	Subtotal			\$580.34	\$580.14		
	Meal & Incidentals						
×	Meal & Incidentals <u>Maximum</u> (from Worksheet)	\$35.00		M&IE Adjustment (if Applicable)			
		ileage Worksheet)					
		Travel Advance					
		ue to Employee	\$ <u>580.14</u>				
	l+ 00	Refund					
Signed:	Stuar Brown	Date:	12/27/2019				
Approved:		Date:	(4)				
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GOLD COAST TRANSIT EXPENSE/TRAVEL REIMBURSEMENT

CALCULATE MAXIMUM ALLOWABLE MEALS AND INCIDENTAL EXPENSES (M&IE) REIMBURSEMENT

Name:

Steven Brown

Destination:

LOCAL and CalTip Meeting

Reason for Travel:

Attend CalTIP meeting in San Diego

Dates:

10/12/2019

Until

10/17/2019

First Day of Trip:

Breakfast:

Did the trip begin before 7 a.m.? If yes, you MAY include \$8.00 for breakfast

All Meals:

Did any other organization or entity either provide or pay for your meal? If so, you may NOT include the guidline cost of that meal.

Final Day of Trip:

Dinner:

Did the trip end before 7 p.m.? If yes, you may NOT include \$35.00 for dinner.

For Each ELIGIBLE meal, include the guideline amount in the box

Breakfast

\$10.00

Lunch

\$15.00

Dinner

\$35.00

Snacks

\$5.00 Enter for each day of the trip

p	12/4/2019	12/5/	2019	12/6/2019			 			 Total
Breakfast	No		No	No	10					\$ -
Lunch	No		No	No						\$ -
Dinner	\$ 35		No	No						\$ 35
Snack	No		No							\$ -
TOTAL	\$ 35	\$	-	\$ -	\$	_	\$	\$ -	\$ -	

Maximum M&IE Reimbursement for this Trip is:

\$ 35