## **GOLD COAST TRANSIT - TRAVEL & OTHER EXPENSE REPORT FORM**

Item #6

| Employee           |   |              |                    | ENTER D                            | ATEC.            |             |
|--------------------|---|--------------|--------------------|------------------------------------|------------------|-------------|
| Name.              | Steven Brown What Type of Expenses are Included on This Report? |              |                    | ENTER D                            | <u>To:</u>       |             |
|                    | Travel & Misc. Expenses   |              |                    | 2/1/2019                           | 2/28/2019        |             |
| Any Travel Adva    | ance Received? (Enter Yes or No)                                | <b>—</b>     | No                 | Enter Amount of                    | 2/20/2010        |             |
| Ally Havel Adva    | ince Neceived: (Line) 1 es of No)                               |              | 140                | Advance: →                         |                  |             |
| Destination:       | LOCAL   |              |                    |                                    |                  |             |
| Reason for Travel: |   |              |                    |                                    |                  |             |
|                    |   |              |                    |                                    | Reimbursable     | Accounting  |
| <u>Date</u>        |   | Expense Type | Payment Method     | Amount                             | <u>Amount</u>    | <u>Only</u> |
| 2/19/2019          | Ojai Valley Chamber Gala Awards Dinner                          | Other Misc.  | Employee Paid      | \$120.00                           | \$120.00         |             |
|                    |   |              |                    |                                    |                  |             |
|                    |   |              |                    |                                    |                  |             |
|                    |   |              |                    |                                    |                  |             |
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|                    |   |              |                    |                                    |                  |             |
|                    |   |              |                    |                                    |                  |             |
|                    |   |              |                    |                                    |                  |             |
|                    | TOTALS FROM PAGE TWO (IF REQUIRED)                              |              |                    |                                    |                  |             |
|                    | Subtotal  |              |                    | \$120.00                           | \$120.00         |             |
|                    | Meal & Incidentals  | \$0.00       |                    |                                    |                  |             |
|                    | Meal & Incidentals <u>Maximum</u> (from Worksheet)              | \$0.00       |                    | M&IE Adjustment<br>(if Applicable) |                  |             |
|                    |   | Mileage Reir | nbursement (from I | Mileage Worksheet)                 |                  |             |
|                    |   |              | Minus              | Traval Advance                     |                  |             |
|                    |   |              |                    | Travel Advance                     | •                |             |
|                    | 0   |              |                    | ue to Employee                     | \$ <u>120.00</u> |             |
|                    | Stren P Brown   |              | Ref                | und Due to GCT                     |                  |             |
| Signed:            | LUMM I IShown   | Date:        | 3/6/2019           |                                    |                  |             |
|                    |   | ı            |                    |                                    |                  |             |
| Approved:          |   | Date:        |                    |                                    |                  |             |

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