STATE (OF CALIF	ORNIA			TRAVEL EXPENSE CLAIM Forward Original and One Copy With All Required Receipts To:													
DEPARTMENT OF FOOD AND AGRICULTURE Training																		
SO-27(Rev 6 Claimant					Out-of-State Trip#				Social Security Number						Page of			
Civil Service Classification					Bargaining Unit & Designation				Branch Name						Telephone Number			
Residenc	e Address	(PO Bo	x Only is Unacceptable)					Headquarte	rs Address									
City					Zip Code				City						Zip Code			
Month/Year Location					Per Diem							Tran	sportation					
		D a	Where Expenses were Incu		odging	Breakfast	Lunch	Dinner	Incidental	Cost of	ı y			ite car		Total		
Time Depart	Time Return	t e	(Between What Poir	nts)		В	L	D		Trans	р е	Parking fares	Miles	Amount	Business Expense	Expenses for day		
Normal F	lours		Remarks or Details and E	xplanation of	Busines	s Expenditure	s (Attach Vo	ouchers/Rece	pts when rec	uired)		I	1		1			
	το																	
Pvt Veh l	_ic#																	
Rate Clai	med																	
State Veh	per Mile																	
Accounti	na Lleo Or	hy.		Confe	rence or (Convention A	ttendance II	Inder		Total Re	volvir	a Fund						
Accounting Use Only Paid by Revolving Fund Check #					Conference or Convention Attendance U DPA 599.635 Approved							Month			Total Claim			
shown w	ere for the	official	the above is a true statem business of the State of C exceed the minimum rate,	ent of the tra alifornia. If a	vel exper	nses incurred v owned vehic	by mein aco clewasused	cordance with I, I have met	the requireme	nts in SA	M.Se	ection 0754. I			1			
	Signature	of Clai	mant	Da	Date				Signature of Officer Approving Payment						Date			
Accounting Use Only Pr					gram Use							Accounting	UseOnly					
Line# F`		F١	/ %	Progran	Program Cost Accounting			Object Code			Amount			Non-Taxable		Taxable		
			_															