

State Council on Developmental Disabilities

1507 21st Street, Suite 210
 Sacramento, CA 95811



Travel Expense Cover Sheet

Traveler Name	Name	
	Email Address	
	Address:	
	City, State, Zip	
	Vehicle License Number	
Meeting Dates and Information	Meeting Date(s)	
	Time Left/Time Return	
	Meeting Name	
	Meeting Location	
Receipt Information (attach all receipts and itineraries)	Hotel	
	Plane	
	Rental Car	
	Parking	
	Mileage (if personal vehicle used)	
	Shuttle/Taxi/Bus	
Reimbursement Information (Staff Use Only)	Date Submitted Into CalATERS	
	Date Submitted to 3 rd Party	
	Name and Contact Information of 3 rd party	
OST Information (Staff Use Only)	Trip Number	
	Trip Name	
	Details:	
Notes:		

Please Mail this Form and all Receipts Robin Maitino – 916.322.9478