

OFFICE OF THE ASSESSOR

EXPENSE CLAIM

NAME	EMPLOYEE NO.	UNIT CODE
WORK ADDRESS		
OFFICE LOCATION	DATE OF CLAIM	PERIOD OF CLAIM

PURPOSE OF TRIP**ITEMIZE IN DETAIL**

DATE	DESCRIPTION OF EXPENSE	PLACE WHERE INCURRED	AMOUNT

I HEREBY CERTIFY THAT THE ABOVE EXPENSE WAS NECESSARILY INCURRED IN THE PERFORMANCE OF MY DUTY.

TITLE

CLAIM IS HEREBY MADE FOR REIMBURSEMENT AS ITEMIZED ABOVE

SIGNATURE**TOTAL CLAIMED**

(PG. 1)

APPROVED BY

CHIEF _____

DIRECTOR (IF OVER \$1,000) _____

IAAO PRESIDENT
IF APPLICABLE _____

[illegible]

INSTRUCTIONS FOR INCIDENTAL REIMBURSEMENT

Expense Claim Forms should reflect only the actual cost incurred for each item (e.g., lodging, meals, capital city allowance, etc.) up to the maximum allowance. A traveler must file an expense claim as soon as possible, but no later than two weeks after completing each trip.

NAME

Claimant's name

EMPLOYEE NO.

Claimant's employee number

UNIT CODE:

Claimant's unit code

WORK ADDRESS

Work location with room number

OFFICE LOCATION

Main Office (Hall of Administration), District Office or Regional Office

DATE OF CLAIM

Date Expense Form is prepared

PERIOD OF CLAIM

Date expense was incurred, e.g., October 1-3, 2020

DATE

Itemized Date of each expense made

DESCRIPTION OF EXPENSE

Describe why the expense was needed, e.g. Refreshments for CAA Aircraft Advisory Subcommittee

PLACE WHERE INCURRED

Name and address where the expense occurred, e.g., Ms. Donuts, 123 Main St., Los Angeles, CA 90012.
If more than one place, list each place with address.

AMOUNT

Amount of each expense

TOTAL CLAIMED

Total amount of expenses

LESS: ADVANCE PAYMENT

Add the amount of the advance, if applicable

BALANCE DUE

Sum of Total Claimed less Advance Payment

TITLE

Claimant's Payroll Title

SIGNATURE

Signature of claimant

APPROVED

Signature of Chief - Required

Signature of Director - Required if the Total Amount of the Claim is \$1,000 or more.

IAAO CHAPTER PRESIDENT CERTIFICATION

Signature of IAAO President if required