

THIS FORM MUST BE FILED IN  
DUPLICATE WITHIN 10 DAYS AFTER  
RECEIVING ADVANCE.

DISTRICT ATTORNEYS OFFICE  
EXPENSE ACCOUNT

NAME OF OFFICER OR EMPLOYEE

DATE

DEPARTMENT

TITLE

Travel To: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ Period \_\_\_\_\_ DATE \_\_\_\_\_ To \_\_\_\_\_ DATE \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_

Defendant \_\_\_\_\_ Case No. & Section \_\_\_\_\_ Charge \_\_\_\_\_

| (1) EXPENSES (Note if expenses are supported by receipts attached)   | AMOUNT |
|--|--------|
| TRANSPORTATION: (Attach Receipts)<br>LODGINGS: (Attach Receipts)<br>MEALS: (No more than \$3.00 per meal, three meals per person per day)<br>TIPS:<br>TAXI CABS:<br>OTHER EXPENSES: (List in detail) |        |
| (2) TOTAL EXPENSES:  |        |

APPROVED:

I certify that this expense account is correct,  
that the travel was performed on the dates specified  
for official business only, and that the expenses  
were for official business.

\_\_\_\_\_  
AUTHORIZED CERTIFYING OFFICER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
OFFICER OR EMPLOYEE

FOR OFFICE USE ONLY

(3) AMOUNT ADVANCED ON CHECK NO. \_\_\_\_\_ DATED \_\_\_\_\_ \$ \_\_\_\_\_

(4) LESS: Total expenses reported in Line 2 above \_\_\_\_\_

(5) DIFFERENCE \$ \_\_\_\_\_

Excess of line 3 over line 4 deposited on \_\_\_\_\_

SHOULD LINE 4 EXCEED LINE 3 ABOVE, COMPLETE PARAGRAPH BELOW

Reimbursement requested for additional funds in connection with expenses in excess of  
Advance in the Amount of \$ \_\_\_\_\_ requested on above Expense Account  
Dated \_\_\_\_\_ 19\_\_.

FOR EXPLANATION OF ANY OF THE ABOVE, USE OTHER SIDE