

PERSONAL EXPENSE STATEMENT

FORM Gen 16 (REV. 06/2014)

(1) TRAVEL AUTHORITY (GAETL) NO.		(31) DEPARTMENT ACCOUNTING USE ONLY	
(2) EMPLOYEE		FMS DOC. ID NO.	
(3) DEPT	(4) POSITION	CASH ADVANCES	YES <input type="checkbox"/> NO <input type="checkbox"/>
(5) DESTINATION		DEMAND NO.	DEMAND DATE
(6) DATES OF TRIP FROM TO		CONTACT PERSON	

(7) YEAR	(9) LOCATION / DESCRIPTION WHERE EXPENSES WERE INCURRED/ BRIEF DESCRIPTION OF EXPENSE <small>(MUST BE ITEMIZED PER DAY)</small>	(10) LODGING	(11) MEALS AND INCIDENTALS	(12) TRANS- PORTATION	(13) MISC. EXP.	(14a) TOTAL	(14b) EXCEPTION TO POLICY
(8) DATE (MM/DD)							YES <input type="checkbox"/> NO <input type="checkbox"/>
							YES <input type="checkbox"/> NO <input type="checkbox"/>
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(15) SUBTOTALS							

(16) CLAIM TOTAL , this page \$

(30) Remarks/Comments	(17) TOTAL FROM PAGE 1 \$ _____ (18) TOTAL FROM PAGE 2 \$ _____ (19) TOTAL EXPENSES \$ _____ (20) LESS OTHER EXPENSES PAID BY CITY (21) CASH ADVANCE \$ _____ (22) OTHER EXPENSES PAID BY CITY _____ (23) AIRFARE PAID BY CITY _____ (24) TOTAL OTHER EXPENSES PAID BY CITY \$ _____ (25) (TOTAL DUE TO THE CITY) / TOTAL DUE TO EMPLOYEE \$ _____
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I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with travel policies and procedures in the service of the CITY OF LOS ANGELES. I further certify that the above expenses were necessary in connection with the performance of my duties.

(26) CLAIMANT'S NAME & SIGNATURE	(28) APPROVING AUTHORITY'S NAME & SIGNATURE
(Print Name) _____ (Signature) _____	(Print Name) _____ (Signature) _____
(27) DATE (mm/dd/yy) _____	(29) DATE (mm/dd/yy) _____

DEPARTMENTS ARE REQUIRED TO MAINTAIN ORIGINAL SUPPORT DOCUMENTATION FOR AT LEAST 5 YEARS

PERSONAL EXPENSE STATEMENT

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