California Governor's Office of Emergency Services (Cal OES) - Fire and Rescue Division

EXPENSE CLAIM REIMBURSEMENT LOG

Incident Name: _____ **Crew Relief:** Yes ☐ No ☐

AGENCY DESGN.		STRIKE TEAM #			INCIDENT ORDER NUMBER			INCIDENT REQUEST NUMBER		
State	3-Letter ID	3-Letter ID	Number	Ltr	State	3-Letter ID	Number	3-Letter ID	ID	Number

DATE	CITY*	MEALS $	LODGING $	MISC $	DESCRIPTION	AMOUNT
SUB-TOTALS ⟶					**TOTAL AMOUNT** ⟶	

Comments:

LOCAL GOVERNMENT FIRE AGENCY SIGNATURE   *Per CFAA, use https://www.gsa.gov/travel/plan-book/per-diem-rates to calculate rates according to City

Print Name: _____   Signature: _____   Date: _____