

Amentum / DI Expense Report ***CAL FIRE only***

Basis of Reimbursement <input checked="" type="checkbox"/> Per Diem <input type="checkbox"/> Partial <input type="checkbox"/> Actual	Employee #	Company/Division CAL FIRE	Report #	Date	Page
Employee Name (Last, First)		Employee Signature		Position	Audited By
Capital One Card Number		Burden ID	Project ID	Activity ID	Resource Type Resource Category Resource Sub Category

Purpose of Trip	Certification "I hereby certify that I am aware of the FAR Section 31 cost principles and that all unallowable costs have been set forth in the appropriate manner on this report (e.g. alcoholic beverages, fines, premium air fares, entertainment, social clubs)." Signed _____
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Paid By				Transportation Costs (Attach Ticket Stubs)				Amount	Accounting
Empl.	Comp.	ATP	Other	Ticket - Invoice Number	Purchased From				
COMPANY EXPENSE (not billable to CAL FIRE)					Personal Auto Mileage (Total from Attachment)				
					Personal Aircraft Mileage (Total from Attachment)				
					Parking				
					Subway/Bus/Taxi				
					Total Transportation				

Per Diem Costs (Meals/Lodging/Incidentals)								
Day of Week	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	
Date(s)								
Destination	From							
	To							
Time	Depart							
	Return							
Breakfast								
Lunch								
Dinner								
Total Meals								
Incidentals								
Total Meals/Incidentals								
RON / Remain Overnight								
Total Meals/Lodging/Inc								
Other (Attachment)								
Total Expenses								

Less: Transportation and Services Furnished **Credit to 0121-000-00 to replenish card**			
Net Amount <input type="checkbox"/> Deduct from Paycheck <input type="checkbox"/> Petty Cash Reimbursement <input type="checkbox"/> Add to Paycheck <input checked="" type="checkbox"/> Account Paycheck			

Costs Billable to CAL FIRE	
Total Transportation Costs	\$ -
Total Per Diem Costs (Meals/Lodging/Incidentals, RON'S)	\$ -
Other Costs	\$ -
Total Costs Billable to CAL FIRE	\$ -

Amentum / DI Expense Report Attachment

Employee Name _____ **Week of** _____

Capital One Card Expenses

All Capital One Card Receipts must be included with this expense report

Date	Payee and Particulars	Accounting Use Only		Amount
		PA	PAA	
TOTAL				\$ -

Other Expenses (Employee Paid)

Date	Payee and Particulars	Task	Amount
TOTAL			\$ -

Personal Auto Mileage/Personal Aircraft Mileage-PLEASE SPECIFY

Date	Origin	Destination	Odometer Start	Odometer Stop	Miles	Amount
<u>Use only the current State provided rate of: \$.585 Cents</u>						

Vehicle mileage - .585¢

Aircraft mileage - \$1.515

DynCorp International Internal Use Only

Description	PA	PAA			TOTAL
Airfare					
Car Rental/Parking/Tolls					
Mileage - Vehicle/Aircraft					
RON / Remain Overnight					
Meals					
Incidentals					
Lodging					
Telephone					
Fuel					
Direct Materials					
TOTAL					