

Fresno Regional Workforce Development Board
Pre-Employment Interview/Relocation Expense Report

Participant Name _____

State ID # _____

Participant's Primary Occupation _____

Attach receipts and approved Participant's Pre-Employment/Relocation Request.

Travel Information

Departure		Points of Travel		Arrival		Mode of Transportation
Date	Hour	From	To	Date	Hour	

Actual Expense Report

Meals (not to exceed allowable per diem) \$ ____ Per Day\$ _____

Lodging (per attached receipts)\$ _____

Transportation/Mileage _____ Miles @ _____ cents per mile.....\$ _____

Mileage determined by MapQuest, Google maps, etc (attached)

Transportation/Common Carrier (per attached receipts)\$ _____

Moving Expenses (per attached receipts)\$ _____

.....Total Expense \$ _____

Employer Contribution Yes No If "Yes," Amount \$ _____

Total Allowable Expenses (total expenses minus employer contribution) \$ _____

ERS/ACA Signature _____ Date _____

Participant's Signature _____ Date _____

Provider Management Approval _____ Date _____