



BREA USE ONLY

Witness Reimbursement Request

WITNESS INFORMATION

1. Name of Witness or Business Name			
Last	First	Middle	
2. Name of Representative (if Business Name Listed Above)			
Last	First	Middle	
3. Mailing Address			
Number, Street and Suite Number			
City	County	State	Zip Code
4. Social Security or Taxpayer ID Number		5. Business Telephone	6. Home Telephone Number
7. Witness Type		8. California Resident	
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate or Trust		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Witness Expenses

Date and Time Start _____ Date and Time Returned _____

\$ _____	Witness Fee (_____ days X \$35)	Was the distance travelled to the destination equal or greater than 50 miles? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if "Yes" complete the following</i> ▼ \$ _____ Mileage (_____ miles X 20¢ per mile)
\$ _____	Hotel Expenses	
\$ _____	Meals	
\$ _____	Other Expenses (i.e. parking, taxi fare, etc.)	
\$ _____		TOTAL*

* reimbursement requires form STD 204 and receipts of all expenses

10. Witness Certification

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FACTS STATED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed this _____ day of _____ in the county of _____ (county)
 _____ (state).

Witness Signature _____

Witness Name (please print) _____

THIS CLAIM IS APPROVED. THIS WITNESS ATTENDED A FORMAL HEARING IN THE ABOVE MATTER.	
Printed Name (Deputy Bureau Chief of Enforcement)	
Signature	Date