DEPARTMENT OF CONSUMER AFFAIRS

STATEMENT OF SERVICES

Subject Matter Expert

Guide Dog Board Program

(Revised 05/14/08)

Name **Phone #: ( )**

Mailing Address (address of record) **City** **State** **Zip Code**

Federal I.D. or S.S. # **Are you a California Resident (Y / N) _____**

Please Check the Box that Applies: ☐ **Corporation** ☐ **Partnership** ☐ **Individual** ☐ **Estate or Trust**

Date(s) of Service:

Description of Service

Itemized Fee:

Time:

(hours or day) @ $ **per (hour or day)** **= $**

Mileage:

miles @ 50.5¢ per mile **= $**

Other Expenses:

(see travel expense claim) **= $**

I HEREBY CERTIFY UNDER THE PENALITY OF PERJURY UNDER THE LAWS OF THE State of California that the time compensated for providing expertise does not conflict with any state employment pursuant to Department of Personnel Administration Law Section 599.672 and 599.672.1 (duplicate compensation). I further certify that the information provided on this document is true and correct.

CLAIMANT SIGNATURE: _____ **DATE:** _____

THIS SECTION FOR BOARD PROGRAM ONLY				
APPROVED FOR PAYMENT	**5400**	**404.03**	**54024**	**AMOUNT**
				$
AUTHORIZED SIGNATURE		**DATE**		

Original / Copy