

INSTRUCTIONS

Expense accounts are to be submitted at least once a month and not more often than twice a month, except where the amount claimed is less than \$10, the claim need not be submitted until it exceeds \$10 or until June 30, whichever occurs first. Requests for reimbursement of out-of-state travel expenses must be claimed separately. A brief statement, one line if possible, of the purpose or objective, of the trip must be entered on the line immediately below the last entry for each trip. If the claim is for several trips for the same purpose or objective, one statement will suffice for those trips. Vouchers which are required in support of various expenses must be arranged in chronological order and attached to the claim. Each voucher must show the date, cost, and nature of the expense.

MULTIPLE PAGES-If your claim is more than one page, indicate page number and total number of pages. DO NOT total each page. Use subtotals and enter the total amount of the claim on the last page of the claim in the space for "TOTALS" and "CLAIM TOTAL". If using the electronic travel claim form, the form will subtotal each page, on the last page of the claim, calculate and enter the "CLAIM TOTAL" to the right of the "CLAIM TOTAL (AMOUNT DUE EMPLOYEE)" description.

COLUMN ENTRIES

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| <p>(1) MONTH/YEAR-Enter numerical designation of month and last two digits of the year in which the first expense shown on the form were incurred.</p> <p>(2) DATE/TIME-Enter date and time of departure on the appropriate line using twenty-four hour clock (example: 1700 = 5:00pm). Show time of departure on date of departure, show time of return on the date of return. If departure and return are on the same date, enter departure time above and return time below on the same line. Where the first date shown is a continuation of trip, enter "Continuing" above that date, and where a trip is "continuing" after the last date.</p> <p>(3) LOCATIONS WHERE EXPENSES WERE INCURRED-Enter the name of the city, town, or location where expenses were incurred. Abbreviations may be used.</p> <p>(4) LODGING-Enter the actual cost of the lodging not to exceed the maximum amount authorized by CSU Policy and Procedures. An original, itemized hotel receipt is required.</p> <p>(5) MEALS-Enter the actual cost of each meal not to exceed the maximum amount for each meal as authorized by CSU Policy and Procedures. Dinner column is to be used to claim dinner on regular travel, long-term, noncommercial and relocation daily meal</p> <p>BUSINESS RELATED MEAL-Enter the actual cost of the meal not to exceed the maximum amount authorized by CSU Policy and Procedures.</p> <p>OVERTIME MEAL COMPENSATION should not be requested on this form. Contact Accounts Payable for the appropriate form to request Overtime Meal Compensation.</p> <p>(6) INCIDENTALS-Enter the total actual cost of incidentals not to exceed the maximum amount by CSU Policy and Procedures.</p> <p>(7) TRANSPORTATION-Purchase the least expensive round-trip or special rate tickets available. Otherwise the difference will be deducted from the claim. If you travel between the same points without using round-trip tickets, an explanation should be given.</p> <p>(A) COST OF TRANSPORTATION-Enter the cost of cash purchase of transportation. Show how transportation was obtained if fare was not purchased for cash. Use "CC" for credit card and "C" for cash. If transportation was paid by the State, enter method of payment only. Use "SCC" for State credit card, "TO" for ticket order or "BSA" for billed to State agency. Attach all passenger coupons, itinerary and ticket order stubs including the unused portion of tickets, other credit documents or premiums, where credits or refunds are due to the State.</p> <p>(B) TYPE OF TRANSPORTATION USED-Enter method of transportation used. Use "R" for railway, "B" for bus, airporter, light rail, or Bart. "A" for scheduled commercial airline, "RA" for rental aircraft, "DA" for department-owned aircraft, "PA" privately owned aircraft, "PC" for privately owned car, truck or other privately owned vehicles, "SV" for especially equipped vehicle for the handicapped, "SC" for State vehicles, "RC" for rental vehicles, "T" for taxi, and "BI" for bicycle.
Supervisors shall not authorize the use of motorcycles on official business, and no reimbursement will be allowed for motorcycles.</p> | <p>(C) CAR, FARE, TOLLS AND PARKING-Enter carfare, bridge tolls, and parking charges; attach a voucher for any parking charge in excess of \$10.00 for any one continuous period of parking.</p> <p>(D) PRIVATE CAR USE-Enter number of miles traveled and amount due for mileage for the use of privately owned automobiles as authorized by current agreements, regulations, and detailed in CSU Policy and Procedures.</p> <p>(8) BUSINESS EXPENSE-Claims for phone calls must include the place and party called. If charge for telephone of fax exceeds \$5.00, support by vouchers or other evidence. Emergency purchases of equipment, clothing, or supplies, travel expenses of inmates, wards, or patients of institutions, and all other charges in excess of \$1.00 require receipts and an explanation.</p> <p>(9) ENTER TOTAL EXPENSES FOR DAY (if not automatically calculated)</p> <p>(10) ENTER SUBTOTALS OR TOTALS (if not automatically calculated)</p> <p>(11) PURPOSE OR TRIP, REMARKS, OR DETAILS-Explain need for travel and any unusual expenses. Enter detail or explanation of items in other columns, if necessary. Vouchers must be provided for any miscellaneous item of expense.</p> <p>(12) NORMAL WORK HOURS-Enter your beginning and ending normal work hours using twenty-four-hour clock (example: 0800 = 8:00am)</p> <p>(13) PRIVATE VEHICLE LICENSE NUMBER-Enter license number of the privately owned vehicle used on official State business. To claim reimbursement, you must have met the requirements as outlined in CSU Policy and Procedures pertaining to operator requirements, vehicle safety, seat belt usage and authorization.</p> <p>(14) MILEAGE RATE CLAIMED-Enter the rate of reimbursement being claimed for private vehicle use. If mileage rate is greater than the current cents per mile allowed by policy, a certification statement must be attached to claim form.</p> <p>(15) CLAIMANT'S CERTIFICATION AND SIGNATURE-Your signature certifies that expenses claimed were actually incurred and that the cost of operating the is at or above the rate claimed.</p> <p>(16) SIGNATURE OF OFFICER APPROVING PAYMENT-Certifies and authorizes travel; approves expenses as incurred on State business.</p> <p>(17) SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES-When a claim for conference or convention expense is included, or when reimbursement expense exceeds \$25.00 or when reimbursement for Bar dues or license fees is included, the signature of the approving officer is required, either on a separate document attached to this claim or by signature in this block.</p> |
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*PRIVACY STATEMENT

The information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that the following notice be provided when collecting personal information from individuals.

AGENCY NAME: Appointing powers and the State Controller's Office (SCO).

UNITS RESPONSIBLE FOR MAINTENANCE: The accounting office within each appointing power and the Audits Division, SCO, 3301 C Street, Room 404, Sacramento, CA 95816.

AUTHORITY: The reimbursement of travel expenses is governed by CSU Policy and Procedures. These Policies and Procedures allow CSU to establish rules and regulations which define the amount, time, and place that expenses and allowances may be paid to representatives of the State while on State business.

PURPOSE: The information you finish will allow the above-named agencies to reimburse you for expenses you incur while on official State business.

OTHER INFORMATION: While your social security account number (SSAN) and home address are voluntary information under Civil Code Section 1798.17, the absence of this information may cause payment of your claim to be delayed or rejected. You should contact your department's Accounting Office to determine the necessity for this information.