STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

CSULB 262 (REV. 01/07)

See Privacy Statement * with the Instructions

Page _____ of _____ Pages

TRAVELER'S NAME	EMPLOYEE ID	CAMPUS EXTENSION	If Not an Employee:
			Are you a US Resident for Tax Purposes? ☐ YES ☐ NO
POSITION	DEPARTMENT	DIVISION	If No, attach: I-94, Visa Stamp, Passport, Foreign National Information Form and Certificate of Academic Activity
RESIDENCE ADDRESS	DELIVERY OPTIONS	REFERENCE #	PO #
	SELECT ONE: MAIL CHECK ☐		
CITY / STATE / ZIP CODE	Pickup Check ☐	ENCUMBERED?	FINALIZE?
	Phone Extension:	☐ YES ☐ NO	☐ YES ☐ NO

(1) MONTH / YEAR		(3) **LOCATION** WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAKFAST	LUNCH	L/T, N/C RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT		
(10) SUBTOTAL														
LESS AMOUNT PAID BY UNIVERSITY: (Input as Negative)		AIRFARE			FOUNDATION			ADVANCE				OTHER		

CLAIM TOTAL (AMOUNT DUE EMPLOYEE) $

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (ATTACH RECEIPTS/VOUCHERS WHEN REQUIRED)

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE

(14) MILEAGE RATE CLAIMED 0.505 (If different see instructions)

Source of Funding: (please mark one box)

☐ General Fund (GF) ☐ Trust Fund ☐ IRA ☐ Parking ☐ Other

☐ CERF ☐ Lottery ☐ Housing

Amount	Account	Fund	DeptID	Program	Class	Project/Grt
	Total General Fund/Special Fund Amount					

Foundation Account #	***Amount***
Total Foundation Amount	

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with CSU Policy and Procedures, HR 2004-35. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	DEPARTMENT CHAIR (IF APPLICABLE)	DATE
(16) SIGNATURE OF OFFICER APPROVING TRAVEL	DATE	(17) SPECIAL EXPENSE AUTHORIZATION-SIGNATURE & TITLE (See Item 17 in the Instructions)	DATE

FOR ACCOUNTING USE ONLY

Vendor #	Voucher #	Account #	Amount
Invoice #	Voucher #	Account #	Amount
Invoice Date	Voucher #	Account #	Amount
Reportable Meal: YES NO	Reportable Amt		Total: