

**SACRAMENTO STATE**  
**TRAVEL EXPENSE CLAIM**

**Example - Travel Expense Claim with Am Exp BTA Charges**

(REV. 07/07)

CLAIMANT'S NAME <b>I'm A Hornet</b>			EMPLOYEE NUMBER * <b>105646056</b>			CONTACT NAME <b>Bumble Bee</b>		
POSITION <b>Mascot</b>			DIVISION OR BUREAU <b>CSU, Sacramento</b>			TRAVEL ORDER NUMBER <b>9200700001</b>		
RESIDENCE ADDRESS * <b>6000 Hornet Lane</b>			HEADQUARTERS ADDRESS <b>6000 J Street</b>			CONTACT NUMBER <b>278-7444</b>		
CITY <b>SACRAMENTO</b>		STATE <b>CA</b>	ZIP CODE <b>95819</b>		CITY <b>Sacramento</b>		STATE <b>CA</b>	ZIP CODE <b>95819-0000</b>

MONTH/YR Jul-07	DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
					BREAK- FAST	LUNCH	O.T., L/T N/C, RELO OR DINNER				TOLLS, CARFARE, PARKING	PRIVATE CAR USE MILES		
	7/2	6:00am	Sacramento, CA to Los Angeles, CA	84.00	10.00	15.00	25.00	195.00	A		24	11.64		340.64
	7/3		Los Angeles, CA	84.00	10.00	15.00	25.00	5.00				0.00		139.00
	7/4		Los Angeles, Ca	84.00	10.00	15.00	25.00	5.00				0.00		139.00
	7/5	5:00pm	Los Angeles, CA		10.00	15.00	25.00	5.00				0.00		55.00
	7/6		Los Angeles, CA		Personal Time							0.00		0.00
	7/7		Los Angeles, CA to		Personal Time							0.00		0.00
	7/8	8:00pm	Los Angeles, CA to Sacramento, CA		Personal Time					P	28.00	24	11.64	39.64
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
<b>TOTAL TRAVEL EXPENSES</b>														713.28
<b>LESS NON-REIMBURSABLE EXPENSES</b>														
<b>LESS AM EXP BTA CHARGES</b>														(195.00)
<b>LESS TRAVEL ADVANCES</b>														
<b>TOTAL AMOUNT DUE CLAIMANT</b>														518.28
<b>AMOUNT TO BE PAID BY OTHER FUNDING SOURCE:</b>														
<b>OTHER FUNDING SOURCE CHARTSTRING:</b>														

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  <b>To cheer at a football game with CSU, Los Angeles. Hornet stayed an extra (3) days on personal time. Hornet's airline ticket was charged to the BTA.</b>	NORMAL WORK HOURS <b>8:00am - 5:00pm</b>
	PRIVATE VEHICLE LICENSE NO. <b>HORNET</b>
	MILEAGE RATE CLAIMED <b>0.485 dollars per mile</b>

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle is equal to or greater than the claimed and that I have met the requirements as described by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE  >	DATE <b>07/06/07</b>
SIGNATURE AND TITLE OF AUTHORITY FOR ALL TRAVEL EXPENSES  >	DATE <b>07/06/07</b>
SIGNATURE AND TITLE OF AUTHORITY FOR OTHER FUNDING SOURCE  >	DATE <b>07/06/07</b>