

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

**Example - Travel Expense Claim for Mileage**

(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		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	TRANSPORTATION			BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T N/C, RELO OR DINNER				TOLLS, CARFARE, PARKING	PRIVATE CAR USE MILES	AMOUNT		
7/2	8:00am 5:00pm	Sacramento, CA to Rancho Cordova, CA						P	1.75	24	11.64		13.39	
7/3	8:00am 5:00pm	Sacramento, CA to Lincoln, CA						P	2.25	32	15.52		17.77	
7/4	8:00am 5:00pm	Sacramento, CA to Rocklin, CA						P	1.50	35	16.98		18.48	
7/5	8:00am 5:00pm	Sacramento, CA to Orangevale, CA						P	2.00	15	7.28		9.28	
7/6	8:00am 5:00pm	Sacramento, CA to Elk Grove, CA						P	0.75	22	10.67		11.42	
7/7	8:00am 5:00pm	Sacramento, CA to Galt, CA						P	1.75	38	18.43		20.18	
7/8	8:00am 5:00pm	Sacramento, CA to Carmichael, CA						P	0.50	8	3.88		4.38	
											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>											0.00		94.89	
<b>LESS NON-REIMBURSABLE EXPENSES</b>														
<b>LESS AM EXP BTA CHARGES</b>														
<b>LESS TRAVEL ADVANCES</b>														
<b>TOTAL AMOUNT DUE CLAIMANT</b>													94.89	
<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>Hornet drove to elementary schools in the local Sacramento area.</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>