

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

**Example - Travel Expense Claim Moving & Relocation Expense:**

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

MONTH/YR Jul-07	DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TRANSPORTATION			BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
					BREAK- FAST	LUNCH	O.T., L/T N/C, RELO OR DINNER			TYPE USED	TOLLS, CARFARE, PARKING	PRIVATE CAR USE MILES		
	7/2	6:00am	New York, NY	84.00	30.00	45.00	75.00			RT Gas	950.00 75.00		0.00	950.00 309.00
	7/3			84.00	30.00	45.00	75.00			Gas	150.00		0.00	384.00
	7/4			84.00	30.00	45.00	75.00			Gas	150.00		0.00	384.00
	7/5			75.00	30.00	45.00	75.00			Gas	150.00		0.00	375.00
	7/6			105.00	30.00	45.00	75.00			Gas	150.00		0.00	405.00
	7/7			115.00	30.00	45.00	75.00			Gas	150.00		0.00	415.00
	7/8	8:00pm	Sacramento, CA	95.00	30.00	45.00	75.00			Gas	95.00		0.00	340.00
			Moving Help 2-Helpers										0.00	500.00
			Storage Fees										0.00	350.00
			House hunting fees										0.00	300.00
			Tow bar for family car										0.00	200.00
													0.00	0.00
													0.00	0.00
<b>TOTAL TRAVEL EXPENSES</b>														4,912.00
<b>LESS NON-REIMBURSABLE EXPENSES</b>														
<b>LESS AM EXP BTA CHARGES</b>														
<b>LESS TRAVEL ADVANCES</b>														
<b>TOTAL AMOUNT DUE CLAIMANT</b>														4,912.00

<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)	NORMAL WORK HOURS 8:00am - 5:00pm
Moving from New York, NY to Sacramento, CA. to cheer at Sacramento State. Total moving allowance of \$5,000.00.	PRIVATE VEHICLE LICENSE NO. HORNET
	MILEAGE RATE CLAIMED 0.485 dollars per mile

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 07/06/07
SIGNATURE AND TITLE OF AUTHORITY FOR ALL TRAVEL EXPENSES >	DATE 07/06/07
SIGNATURE AND TITLE OF AUTHORITY FOR OTHER FUNDING SOURCE >	DATE 07/06/07