

SACRAMENTO STATE
TRAVEL EXPENSE CLAIM

EXAMPLE - Travel Expense Claim with no advance

(REV. 07/07)

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		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	6:00am	Sacramento, CA to Los Angeles, CA	84.00	10.00	15.00	25.00		195.00	A		24	11.64	250.00	590.64
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	8:00pm	Los Angeles, Ca to Sacramento, CA		10.00	15.00	25.00	5.00		P	24.00	24	11.64		90.64
												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
												0.00		0.00
												0.00		0.00
TOTAL TRAVEL EXPENSES														959.28
LESS NON-REIMBURSABLE EXPENSES														
LESS AM EXP BTA CHARGES														
LESS TRAVEL ADVANCES														
TOTAL AMOUNT DUE CLAIMANT														959.28
AMOUNT TO BE PAID BY OTHER FUNDING SOURCE:														
OTHER FUNDING SOURCE CHARTSTRING:														

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) To cheer at a football game with CSU, Los Angeles.	NORMAL WORK HOURS 8:00am - 5:00pm
	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