SACRAMENTO STATE

Example - Travel Expense Claim with an advance

TRAVEL EXPENSE CLAIM

(REV. 07/07)

CLAIMANT'S NAME	EMPLOYEE NUMBER *	CONTACT NAME
I'm A Hornet	105646056	Bumble Bee

POSITION	DIVISION OR BUREAU	TRAVEL ORDER NUMBER
Mascot	CSU, Sacramento	9200700001

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	CONTACT NUMBER
6000 Hornet Lane	6000 J Street	278-7444

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
SACRAMENTO	CA	95819	Sacramento	CA	95819-0000

MONTH/YR Jul-07		LOCATION		MEALS				TRANSPORTATION						
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	O.T., L/T N/C, RELO OR DINNER	INCIDEN-TALS	COST OF TRANS.	TYPE USED	TOLLS, CARFARE, PARKING	PRIVATE CAR USE MILES	PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
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
TOTAL TRAVEL EXPENSES														959.28
LESS NON-REIMBURSABLE EXPENSES														
LESS AM EXP BTA CHARGES														
LESS TRAVEL ADVANCES														(250.00)
TOTAL AMOUNT DUE CLAIMANT														709.28
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. Hornet had an advance for $250.00 for registration fees.

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
>	07/060/07
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