



SACRAMENTO STATE

TRAVEL EXPENSE CLAIM

CLAIMANT'S NAME SACRAMENTO STATE			VENDOR #			TRAVEL PURCHASE ORDER NUMBER 8000034473			
RESIDENCE ADDRESS			DEPT ID 25900	DEPARTMENT NAME Graduate and Professional Studies			DEPARTMENT ZIP CODE 6079		
CITY STATE ZIP CODE			CONTACT NAME Donna Wehner			CONTACT NUMBER 278-5088			

MONTH/YR		(2) LOCATION WHERE EXPENSES WERE INCURRED	(3) LODGING	(4) MEALS			(5) INCIDENTALS	(6a) COST OF TRANS.	(6) TRANSPORTATION				(7) BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
(1) DATE	TIME			BREAK-FAST	LUNCH	O.T., LT N/C, RELO OR DINNER			(6b) TYPE USED	(6c) TOLLS, CARFARE, PARKING	(6d) PRIVATE CAR USE			
								MILES	AMOUNT					
										PC				
(A) TOTAL TRAVEL EXPENSES														0.00

(B) **LESS AMOUNT NOT TO BE REIMBURSED** (Personal, Non-University Funds, or in Excess of Authorized Amount) *enter as a negative*

(C) **LESS US BANK BTA or OTHER DIRECT CHARGES** *enter as a negative*

SUBTOTAL 0.00

(D) **LESS TRAVEL ADVANCES** *enter as a negative*

(E) **TOTAL AMOUNT DUE CLAIMANT - IF (NEGATIVE), submit this amount to Cashier's. Attach receipt to claim and forward to AP.** 0.00

(8) PURPOSE OF TRIP, REMARKS & DETAILS: (Attach receipts/vouchers when required)	Chancellor's Office Travel for Reimbursement	(9) NORMAL WORK HOURS 8:00am-5:00pm
Student Teacher Supervision		(10) PRIVATE VEHICLE LICENSE NO.
*Home is closer than Sac State		(11) MILEAGE RATE CLAIMED 0.535 dollars per mile

Elisabeth Liles, Chair, Graduate & Professional Studies: _____ **Date:** _____

(12) I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with the applicable Sac State policies and procedures and that all items shown were for official University business.

CLAIMANT'S SIGNATURE X	DATE
(13) PRINTED NAME AND TITLE OF APPROVING AUTHORITY SIGNATURE OF APPROVING AUTHORITY Karen Davis O'Hara, Associate Dean X	DATE
(14) PRINTED NAME OF VICE PRESIDENT - Required for Exceptions to University Travel Policy SIGNATURE OF VICE PRESIDENT X	DATE

(AP USE ONLY)

Adv Chk/Wire # _____ Adv Chk/Wire # _____

Vchr# _____ Amount \$ _____ Amount \$ _____ Clmt. Amt. \$ _____

Revised January 2017