

TRAVEL EXPENSE CLAIM

Page 1 of 1 CLAIMANT'S NAME TRAVEL PURCHASE ORDER NUMBER 8000034473 Jane Doe your number DEPARTMENT NAME DEPT ID DEPARTMENT ZIP CODE 25700 Teaching Credentials 6079 1234 49er Drive STATE ZIP CODE CONTACT NUMBER 95691 Donna Wehner 916-278-5088 Sacramento CA TRANSPORTATION MONTH/VE (4) MEALS (5) (2) (3) January-17 LOCATION O.T., L/T (6b) (6c) TOLLS TOTAL WHERE EXPENSES LODGING BREAK-LUNCH N/C. RELO INCIDEN-COST OF TYPE CARFARE PRIVATE CAR USE BUSINESS **EXPENSES** DATE TIME FOR DAY OR DINNER WERE INCURRED FAST TALS TRANS USED PARKING EXPENSE MILES AMOUNT *Home to Arden MS & 1/27 8am-9am 4.28 4.28 return 8.00 CSUS to Leataata Elem 1/29 10an-1pn & return 14.00 7.49 7.49 **CSUS to Mesa Verde HS** 1/30 9am-11am & return 30.00 16.05 16.05 **CSUS to Mesa Verde HS** 1/31 8am-9am & return 30.00 16.05 16.05 **SAMPLE** 82.00 43.87 43.87 (A) TOTAL TRAVEL EXPENSES (B) LESS AMOUNT NOT TO BE REIMBURSED (Personal, Non-University Funds, or in Excess of Authorized Amount) enter as a negative (C) LESS AMERICAN EXPRESS BTA or OTHER DIRECT CHARGES enter as a negative **SUBTOTAL** 43.87 (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. 43.87 NORMAL WORK HOURS (8) PURPOSE OF TRIP, REMARKS & DETAILS: Chancellor's Office Travel for Reimbursement (Attach receipts/vouchers when required) 8:00am - 5:00pm (10) PRIVATE VEHICLE LICENSE NO. **Student Teacher Supervision SLS699** (11) MILEAGE RATE CLAIMED *Home is closer than Sac State. 0.535 dollars per mile Stephanie Biagetti, Chair, Teaching Credentials DATE (12) I hereby certify that the above is a true statement of the travel expenses incurred by me in DATE accordance with the applicable Sac State policies and procedures and that all items shown were for 2/1/2017 official University business (13) PRINTED NAME AND TITLE OF APPROVING ALITHORITY SIGNATURE OF APPROVING AUTHORIT DATE Karen Davis O'Hara, Associate Dean (14) PRINTED NAME OF VICE PRESIDENT - Required for Exceptions to University Travel Policy SIGNATURE OF VICE PRESIDENT (AP USE ONLY) Revised January 2016 Adv Chk/Wire #___ Adv Chk/Wire #___ Vchr#_ Amount \$ ____ Amount \$__ Clmt. Amt. \$___