

TRAVEL ADVANCE *Auxiliary Accounting*

5500 University Parkway, San Bernardino, CA 92407
Main (909) 537-7213 Fax (909) 537-7175

ASI PHL SUN UEC

Mail Check to Address

Pick up @ Fdtn Rm 109

Extension: _____

CLAIMANT (Please Print)	Date	Phone
Home Address, City, State, Zip Code		

PEOPLESOFT	Account	Fund	Dept	Program	Class	Project	Amount
CHARTFIELD							

General Travel Information

Location of Travel	Purpose of Travel
Date & Time Depart	Date & Time Return

Method of Travel: State Vehicle Private Vehicle Plane Other

Estimated Expenses

1. Meals & Lodging _____
2. Conference or Registration Fee _____
3. Private Auto Mileage _____
4. Miscellaneous Expenses (Taxi, Tolls, Parking) _____
5. Airfare _____
6. Total Estimated Expenses _____

Pre- Paid Expenses

	Make Check Payable to: <i>(please include name and address)</i>	Amount	Date Needed
7. Airfare			
8. Conference or Registration Fee			
9. Lodging (Enter \$, if check is payable to the Hotel).			

10. Amount subject to expense advance = (total from line 6 and minus line 7, 8, 9). _____

11. Advance required = (total from line 10 and multiply by 80%), or less than line 10. _____

Date Needed: _____

I CERTIFY THAT: This trip meets my approval and there are sufficient funds to cover the expenses.

Prepared by <i>(Please Print)</i>	Phone or Ext	Date
Signature of Claimant		Date
Account Authorized Signature Approval		Date

Auxiliary Use Only

Vendor# _____

Voucher# _____

Budget Approval: _____

Approved By *(Please Print)* _____

Please Note: A TRAVEL EXPENSE CLAIM form must be submitted within 30 days from completion of trip. Any outstanding travel claims could result in denial of future requests for advances.

REQUEST FOR TRAVEL EXPENSE ADVANCE

A travel expense advance may be submitted for up to 80% of the estimated out-of-pocket expenses for travel in excess of 24 hours, and may be requested no earlier than 45 days prior to the trip (this does not apply to local travel). The traveler must complete a Travel Expense Advance form and forward to the Auxiliary Accounts Payable Office for processing. A new Travel Expense Advance form may not be issued if prior outstanding advance have not been cleared. The advance must be refunded immediately when a trip is canceled or postponed. The traveler is personally responsible for clearing the advance. In order to avoid personal tax liability, the advance must be substantiated within 30 days after the trip by submitting a Travel Expense Claim form with appropriate backup documentation.

The Accounts Payable turnaround timeframe is 10 business days, upon receiving the completed forms and the appropriate back-up documentations.

1. Check Disbursement

Please specify how you would like your check to be handled. Please be advised that if you request the check to be mailed, it will go to the address indicated on the form.

2. Please select business unit that activity has occurred in.

ASI	Associated Students, Inc.
PHL	Philanthropic Foundation
SUN	Santos Manuel Student Union
UEC	University Enterprises Corporation at CSUSB

3. Personal Information

Claimant - Name of the person traveling

Date - The date you are filling out the request

Phone - Home phone number of Claimant

Home Address - Home address of Claimant

4. Peoplesoft Chartfield

Enter the account, fund, dept., project, and amount.

5. General Travel Information

Location of Travel- Travel destination

Purpose of Travel- Explanation for the travel plans

Date & Time Depart- The date and time of your travel departure

Date & Time Return- The date and time of your travel return

6. Method of Travel

Please select the following as a method of traveling: State Vehicle, Private Vehicle, Plane, or Other.

7. Estimated Expenses

Please enter the dollar amount for all the estimated travel expenses

1. Meals & Lodging

2. Conference or Registration Fee

3. Private Auto Mileage

4. Miscellaneous Expenses (Taxi, Tolls, Parking)

5. Airfare

6. Total Estimated Expenses

8. Pre-paid Expenses

Please enter the dollar amount for all the pre-paid travel expenses. These expenses are excluded from the dollar amount subject to the expense advance.

- 7. Airfare
- 8. Conference or Registration Fee
- 9. Lodging (Enter \$ if check is payable to the Hotel)

9. Expense Advance

- 10. Enter amount subject to expense advance. The calculation is the total from line 6 minus line 7, 8, 9.
- 11. Enter amount of the advance required. The calculation is the total from line 10 multiplied by 80%

10 Certification

If you are receiving reimbursement from more than one source, you must provide information concerning that source to prevent duplication payment/reimbursement.

11. Prepared By

Person preparing the Travel Expense Advance

12. Claimant

Person who is requesting the reimbursement

13. Approved By

An authorized signer on the account must approve and date the Travel Expense Advance.

Submit the request to Auxiliary Accounts Payable Office for processing

Failure to complete all requested information will be returned to preparer.