

TRAVEL EXPENSE CLAIM

Auxiliary Accounting

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ASI PHL SUN UEC

CHECK DISTRIBUTION	
Mail Check to Home Address	<input type="checkbox"/>
Pick up at Fdtn Rm 109	<input type="checkbox"/>
Extension:	

CLAIMANT <i>(Please Print)</i>	Date	Phone
Home Address, City, State, Zip Code		

PEOPLESOFT
CHARTFIELD

Account	Fund	Dept	Program	Class	Project	Amount

General Travel Information

Location of Travel	Purpose of Travel		
Date & Time Depart	Driver's License #	State	Vehicle License Plate #
Date & Time Return	Name of Insurance Company		

****Lodging, Meals & Incidentals-** For additional days, please use another form and submit together.

Date	Lodging \$	Meals (B, L, D)	Meals \$	Incidentals \$	Total Daily Costs		Subtotal
						TOTAL	

****Lodging, Meals & Incidentals > 5 days**

Dates	Lodging, Meals & Incidentals > 5 days	Cost
	Enter total from the Lodging, Meals & Incidentals from the additional form →	
	TOTAL	

Travel Related Expenses (Airfare, Mileage, Telephone, etc)

Date	Travel Related Expenses	Cost
	TOTAL	

COMBINED TOTALS

Comments

LESS ADVANCE _____
PAYMENT DUE _____

I CERTIFY THAT:

- 1) The above is a true statement of the travel expenses incurred by me for the official business and if a private vehicle was used, I have met the requirements prescribed by the Auxiliary at CSUSB.
 - 2) Duplicate payment has not been requested from another Auxiliary at CSUSB, CSUSB, or any other agency.
 - 3) When I drove my privately owned vehicle on Official business, I had a valid driver's license in my possession, all person in the vehicle wore safety belts, and the care was covered by the liability insurance for the minimum amount prescribed by State Law.
- Also, all accidents incurred were reported to the Auxiliary Accounting Office within 48 hours after occurrence.

Prepared by *(Please Print)* _____ Phone or Ext _____ Date _____

Signature of Claimant _____ Date _____

Account Authorized Signature Approval _____ Date _____

Approved By *(Please Print)* _____

AUXILIARY USE ONLY
Vendor Number: _____
Voucher Number: _____
Budget Approval: _____
Taxable Overage: A/P \$ _____
PAY \$ _____

TRAVEL EXPENSE CLAIM INSTRUCTIONS

Travel Expense Claims are to be submitted with 30 days of completion of the trip. Original receipts are required in support of various items of expense. Arrange receipts in chronological order and attach them to the claim form.

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 business activity and primary purpose of travel needs to be completed. Date and time of departure and return must be provided. This information is used to determine per diem authorization.

Please note: State regulations require you to provide insurance and driver's license information when receiving payment for using your privately owned vehicle.

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

Driver's License - Claimant's driver's license number and state issued in- **Only fill out, if mileage is applicable.**

Vehicle License Plate number- Claimant's license plate number- **Only fill out, if mileage is applicable.**

Insurance Company - Name of Claimant's auto insurance company- **Only fill out, if mileage is applicable**

6. Lodging, Meals & Incidentals

If Lodging, meals, & incidentals are more than 5 days, please use an additional form and submit them together.

Date- Enter the dates for which you are claiming expenses

Lodging- Enter the amount for lodging for each night you are claiming reimbursement. Lodging receipt must be attached for reimbursement.

Meals- Indicate the meals you are claiming for each day. B= Breakfast, L= Lunch, D= Dinner

Enter amount in Meal \$ block. For Breakfast \$10.00, Lunch \$15.00, Dinner \$25.00.

Incidentals- Use block to claim incidentals for each day. Please Note: You cannot claim incidentals on the first day of travel.

The term "incidental allowance" includes, but is not limited to expenses for laundry, cleaning, and pressing of clothes, fees and tips for services, such as waiter and baggage handlers. The rate payable rate is \$5.00 per day, excluding the first day.

*** For travel less than 24 hours, lunch is never allowable. Meals claimed for travel less than 24 hours**

when there is not an overnight stay represents taxable/reportable income, per IRS regulations.

7. Lodging, Meals & Incidentals > 5 days

Enter lodging, meals, & incidentals total from the additional form, if travel was more than 5 days.

8. Travel Related Expenses (Airfare, Mileage, Telephone, Etc)

Enter any other travel related expenses such as:

- a. Airfare
- b. Mileage for privately owned vehicle (list number of miles and location). You must provide the driver's license #, insurance carrier, and the vehicle plate #. Mileage rates are subject to change; please contact the Accounts Payable office for the current rate.
- c. Rental car
- d. Parking
- e. Miscellaneous charges (telephone calls, duplicating, etc)

9. Payment Due

Combined Total- Total dollar amount from the Lodging, Meals, & Incidentals section, Lodging, Meals, & Incidentals > 5 days section, and Travel Related Expenses section.

Less Advance- minus any advances given

Payment Due- Amount of payment due to the Claimant

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 Claim

12. Claimant

Person who is requesting the reimbursement

13. Approved By

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

Submit the request to Auxiliary Accounts Payable Office for Reimbursement.

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