CSUDH

Accounting Services
1000 E. Victoria St. WH 430
Carson, CA 90747
310-243-3807

Travel Expense Claim
2019

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CLAIMANT'S NAME	EMPLOYEE ID NUMBER	DEPARTMENT

POSITION	DIVISION OR BUREAU	
	CSUDH	

RESIDENCE ADDRESS	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	1000 E VICTORIA ST	

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			CARSON	CA	90747

MONTH/YEAR		LOCATION		*MEALS				TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
											PRIVATE CAR USE			
DATE	TIME	WHERE EXPENSES WERE INCURRED	**LODGING	BREAK-FAST	LUNCH	DINNER	INCIDEN-TALS	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING	MILES	AMOUNT		
												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
												0.00		0.00
												0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00

Less: Expenses paid by CSUDH P-Card (enter as negative number)	
CLAIM TOTAL	$ 0.00

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

***An itemized receipt must be attached for any item costing $75 or more.**
**** Hotel rates over $275 per night require VP approval.**

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.58

TI/TO/TN #:

Account	Fund	Dept ID	Program	Class	Project

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 was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY CHECK NUMBER

CLAIMANT'S SIGNATURE	DATE

NAME OF OFFICER APPROVING TRAVEL AND PAYMENT	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE

OTHER APPROVAL SIGNATURES IF APPLICABLE	DATE	OTHER APPROVAL SIGNATURES IF APPLICABLE	DATE