

Travel Expense Claim

IF REVISION, CHECK HERE Document # Page of

inancial S				llerton.edu									. ,	<u>-</u>					
nstruct	tions: http	o://finance	<u>e.fuller</u>	rton.edu/Co	<u>ontroller</u>	oller/Travel/TravelPolicy.php CWID (or Vendor Data Record Form)													
Claimant's First Name						Claimant's Last Name							Department						
Reside	nce Addre	ess			Pı	Preparer's Name Preparer's Email Address													
City		S	State	Zip Code			pus Name												
					C:	SU Fulle	rton												
		Check as	_			eadqua	rters Addres	SS						City		S	tate Zip (Code	
If address has changed If name has changed						800 N. State College Blvd.							Fullerton					31-3599	
(1)Mon	th/Year	(4)				(5)	(6)	Claimant's M	eals	(7)			(8)	Transportati	on	-	(9)	(10)	
		Location									(A)	((B) (C)		(D)		Business	Total	
(2) Day	(3) Time	Where Expenses Were Incurred			L	Lodging	Breakfast	Lunch	Dinner	Incidentals			ype sed	Parking, Toll	Private Vehicle Us Miles Amoun			Expenses Fo	
Day	Time										Truns	J. 0	Jea	1011	Miles Amou			1	
												_	_						
I 1) Trav	el Claim To	ntal														i			
ii) iiuv	- Cr Claim 10	- Cai																	
I2A) An	nount Exce	eds Autho	rized A	mount															
12B) Ex _l	penses Paid	d By Unive	rsity																
12C) Ew	noncos Dai	d Dy Arnelli	257																
12C) Expenses Paid By Auxiliary																			
13) Tota	al Reimburs	sement To	Claima	nt															
(14) CHARTFIELD (Rei				_						TRANS. / TYPE USED				(15) MILEAGE CLAIMED					
Account (6)		Fund (5)		Dept ID (5)	Prog. (4)) Clas	s (5) Pr	oject (8)	Amour	nt		lect appropriate letter for transportation type		Jeieee		iness Travel Dates: 01/18 - 12/31/18: .54			
											(E			column 8B)	mileage	e rate 01/0	01/17 - 12/3	1/17: .535	
		i													1	Mov	re / Relocatio	on:	
]		01/18 - 12/3		
																01/0	01/17 - 12/3	1/17: .17	
						╅							Α	CCOUNTS P	AYABLE/	TRAVEL	JSE ONLY		
A 'II'												ucher#	Т			Rep	t./Tax Meal		
		ry Funds		Acco	ount	Acco	unts Payable	r/ I ravel Use	Amour	nt			_			=	1		
CSUF ASC Account											Ch	neck#	L			Rep	ot. Moving		
CSFPF Account										Ch	neck Date	e			Tax	able Moving			
ASI/IPA Account					+					6		. –							
ASI/IRA Account											Ch	neck Am	<u> </u>			_ _			
	REIMBURS		act Dana	sit for traval rai	imburcomo	nt compl	ata farm halaw				Re	viewed	Ву			Dat	e		
o sign up ccounts	Payable/Tra	vel Staff and	Faculty I	Reimbursemen	nt Direct De	posit Autl	ete form below norization Form												
16) PUR	POSE OF T	RIP, REMAI	RKS, AN	D DETAILS (A	Attach all	required	receipts and	documentation	on)										
ne minin	num rate, I ce	ertify that the	e cost of	operating the	vehicle was	equal to	or greater than	e in accordance the rate claimed	l, and that I have	e met the requi									
				on, I will not se	eek reimbu	rsement fo	or (1) a duplicate	claim or (2) fro	m any other sou	irce.								ATE .	
ii) CLA	IMANT'S SI	GNATUKÉ															U.	ATE	
18) PRIN	NT NAME O	F APPROV	ER					ROVER - I certif					dance	with the CS	UF Travel	Policy.	Di	ATE	
					Ар	prover n	nust have Del	egation of Aut	thority on file	for the chart	fields inc	dicated							