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Travel Expense Claim CWID (or Vendor Data Record Form) Instructions: https://adminfin.fullerton.edu/finance/ap_travel/services/travel/ Claimant's First Name Claimant's Last Name Department Preparer's Email Address Residence Address Preparer's Name City State | Zip Code **CSU Campus Name** Please Check as Appropriate **Headquarters Address** City State | Zip Code If address has changed If name has changed (1)Month/Year (5) (6) Claimant's Meals (10) (7) (8) Transportation (9) (A) (B) (C) Location **Business** Total Where Expenses Lodging Breakfast Lunch Dinner Incidentals Expenses For (2) (3) Cost of Type Parking, Private Vehicle Use Expense Day Day Time Were Incurred Trans Used Toll Miles Amount (11) Travel Claim Total (12A) Amount Exceeds Authorized Amount (12B) Expenses Paid By University (12C) Expenses Paid By Auxiliary (13) Total Reimbursement To Claimant (14) CHARTFIELD (Reimbursement to Claimant) TRANS. / TYPE USED (15) MILEAGE CLAIMED Dept ID (5) Prog. (4) Class (5) Account (6) Fund (5) Project (8) Amount Select appropriate letter for Business Travel Dates: Select 01/01/24 - 12/31/24: .670 01/01/23 - 12/31/23: .655 07/01/22 - 12/31/22: .625 transportation type appropriate (Enter letter in column 8B) mileage rate Move / Relocation: 01/01/24 - 12/31/24: .21 07/01/22 - 12/31/23: 01/01/22 - 06/30/22: **ACCOUNTS PAYABLE/TRAVEL USE ONLY** Voucher # Rept./Tax Meal **Auxiliary Funds Accounts Payable/Travel Use** Amount Check # Rept. Moving CSUF ASC Account **CSFPF Account** Check Date Taxable Moving ASI/IRA Account Check Amt TOTAL REIMBURSEMENT Reviewed By Date To sign up for CSUF Employee Direct Deposit for travel reimbursement, complete form below: Accounts Payable/Travel Staff and Faculty Reimbursement Direct Deposit Authorization Form (16) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach all required receipts and documentation) (17) 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. In addition, I will not seek reimbursement for (1) a duplicate claim or (2) from any other source, (17) CLAIMANT'S SIGNATURE DATE (18) PRINT NAME OF APPROVER (18) SIGNATURE OF APPROVER - I certify that this TEC is true and correct in accordance with the CSUF Travel Policy. DATE Approver must have Delegation of Authority on file for the chartfields indicated