



TRAVEL EXPENSE CLAIM

Traveler's Information	
NAME OF TRAVELER (LAST, FIRST NAME)	TRAVEL NUMBER
TRAVELER MAILING ADDRESS	
DEPARTURE DATE & TIME	RETURN DATE & TIME

Account Information		
ACCOUNT	OBJECT CODE	AMOUNT
TOTAL		

Itemized Travel Expenses (Non P-Card)

Itemize **actual** expenses for **each** day of travel that were not paid via P-Card (use additional forms if necessary). Attach original **itemized** receipts for all items. If original receipts are unable to be submitted, please submit a [Lost Receipt Form](#) for lost receipt.

Refer to [Travel Policy](#) for current travel allowances. Please refer to Instructions on page 2 while filling out table.

Please ensure that documents are submitted in order by expense type and date when submitting Travel Request to Accounting.

Expense Type/Date									TOTALS
Event Registration									
Transportation									
Rental Vehicle/Rideshare									
Lodging									
Meals									
Incidentals									
Other									
TOTAL EXPENSES									

Provide justification/business purpose for any amounts listed under Other:

Itemized Travel Expenses (P-Card)

Itemize **actual** expenses for **each** day of travel that were paid via P-Card (use additional forms if necessary). Attach original **itemized** receipts for all items. If original receipts are unable to be submitted, please submit a [Lost Receipt Form](#) for lost receipt.

Please ensure that documents are submitted in order by expense type and date when submitting Travel Request to Accounting.

Expense Type/Date									TOTALS
Event Registration									
Transportation									
Rental Vehicle/Rideshare									
Lodging									
Meals									
Incidentals									
Other									
TOTAL EXPENSES									

Provide justification/business purpose for any amounts listed under Other:

Submit completed Travel Expense Claim to CSUDH TAP AP staff member.



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Mileage

REGULAR WORKSITE ADDRESS

Mileage information (such as driving information from Google Maps) **must** be attached with addresses

Detail/Date										TOTALS
From										
To										
Total Miles										
Standard Mileage Rate										
TOTAL REIMBURSEMENT										

Expense Reimbursement from Travel Advance Reconciliation Information

Total Expenses from Travel Expense Claim Form		If balance due to Traveler: <input type="checkbox"/> Mail check to address above <input type="checkbox"/> Direct Pay (must be enrolled)
Total Expenses Paid with P-Card		If balance due to TAP: <input type="checkbox"/> Payment via check/cash <input type="checkbox"/> Payment via EFT Check/cash must be mailed to/dropped off at LIB-3002
Less advances received from Travel Request Form		
Balance Due <input type="checkbox"/> Traveler <input type="checkbox"/> TAP		

Certification

I hereby certify that the expenses claimed are a true statement of the travel expenses incurred by me (traveler) in accordance with CSUDH and that all items shown were for the official business of CSUDH or CSUDH TAP.

Traveler's Signature

SIGNATURE OF TRAVELER	DATE
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Traveler's Supervisor Approval

NAME OF TRAVELER'S SUPERVISOR	SIGNATURE	DATE
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Authorized Account Signer Approval

NAME OF AUTHORIZED APPROVER	SIGNATURE	DATE
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Post Award Approval (Required for accounts beginning with "5")

NAME OF POST AWARD APPROVER	SIGNATURE	DATE
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Dean/Dept. Head Approval

Philanthropic Foundation Account expenditures over \$750 must receive Dean or VP Approval

NAME OF DEPT. HEAD APPROVER	SIGNATURE	DATE
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PROCESSED BY TORO AUXILIARY PARTNERS ACCOUNTING	DATE
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TRAVEL EXPENSE CLAIM

Instructions	
<p>Traveler's Information Section must be filled out to receive/send reimbursement. Travel Number refers to the unique identifier that was assigned when Travel Request form was processed and approved by CSUDH Toro Auxiliary Partners (TAP) Accounts Payable (AP).</p> <p>Traveler Mailing Address refers to the traveler's mailing address, should a check be requested to be mailed for any reimbursements.</p> <p>Departure Date & Time/Return Date & Time - time of departure from and return to the traveler's regular worksite address or residence</p> <p>Account Information The account(s) and object code(s) should match what was submitted in Travel Request form.</p> <p>Common travel-related object codes are:</p> <ul style="list-style-type: none"> • 8595 – Travel – Domestic • 8598 – Travel – Students • 8599 – Travel – Consultants • 8596 – Travel – International • 8597 – Travel – Participant (Non F&A) <p>Itemized Travel Expenses Each traveler that requested an advance must submit a Travel Expense Claim form.</p> <p>Please place dates pertaining to event on top row of table. Proceed to fill out expenses claimed by type for each date of travel.</p> <p>Expense Types:</p> <ul style="list-style-type: none"> • Event Registration – also known as conference registration; if only one payment was made for the entire duration of the conference, please place entire amount on the first date of travel • Transportation – flights, bus services, and other methods of transportation used to get to event. Note: Rental Vehicle has its own separate section; if only one payment was made for a round-trip ticket, please place entire amount on first date of travel • Rental Vehicle/Rideshare – expenses relating to vehicle rental only. Mileage has its own separate section; if only one payment was made for vehicle rental, please place entire amount on first date of travel • Meals & Incidentals– refer to Travel Policy and General Services Administration for reimbursable thresholds <p>If original receipts are unable to be submitted, please submit a Lost Receipt Form.</p> <p>Mileage Mileage shall be computed based on the shortest route from origin to destination, less mileage to regular worksite location. Per IRS Local Travel Guide, employees will not be reimbursed for commuting expenses. Commuting expenses are transportation expenses incurred while traveling from the employee's residence to their official assigned duty station and return. These expenses are personal expenses incurred by the employee and are not reimbursable. Employees are responsible for the commuting cost between their residence and their official assigned duty station.</p> <p>Mileage information (such as driving information from Google Maps) must be attached with addresses. Miles being claimed for reimbursement must match amount stated on mileage information attachments.</p> <p>Please place dates pertaining to event on top row of table. Proceed to fill out mileage information.</p>	<p>Mileage (continued)</p> <ul style="list-style-type: none"> • From – city of start of route is fine for the purpose of conciseness; however, city of start of route must match supporting documents • To - city of ending destination is fine for the purpose of conciseness; however, ending destination must match supporting documents • Total miles – must match miles stated on supporting documents • Standard mileage rate – this is the current standard mileage rate per Internal Revenue Service. These cells are locked and cannot be modified • Total Reimbursement – this row will automatically populate the total reimbursable amount due to traveler <p>Expense Reimbursement from Travel Advance Reconciliation Information</p> <ul style="list-style-type: none"> • Total Expenses from Travel Expense Claim Form – the sum of Total Expenses from Itemized Travel Expenses section and Total Reimbursement from Mileage section • Less advances received from Travel Request Form - the Total Advance Requested from Advance Requested Table from the Travel Request form for the traveler submitting a Travel Expense Claim • Balance due <ul style="list-style-type: none"> ○ If Total Expenses from Travel Expense Claim Form are greater than Less advances received from Travel Request Form, the balance is due to Traveler <ul style="list-style-type: none"> ▪ Please select preferred method of payment in the If balance due to Traveler row on the right ▪ Please note that a Direct Pay form must be filled out and submitted to TAP Accounting regardless of if set up with Direct Deposit for Payroll, as Accounting and Payroll are performed on different systems. ○ If Total Expenses from Travel Expense Claim Form are lesser than Less advances received from Travel Request Form, the balance is due to TAP <ul style="list-style-type: none"> ▪ Please select how TAP will be reimbursed in the If balance due to TAP row on the right Please make checks payable to: CSUDH Toro Auxiliary Partners 1000 E. Victoria St, Leo F. Cain Library, Suite 3002 Carson, CA 90747 <p>Approvals:</p> <ul style="list-style-type: none"> • Traveler's Signature • Traveler's Supervisor - supervisor of traveler must provide approval • Authorized Account Signer Approval – must be an authorized signer on the account(s) being used for travel expense • Post Award approval if account being used is under Post Award • Dean/Dept. Head Approval - Philanthropic Foundation Account expenditures over \$750 must receive Dean or VP Approval <p>All approvers that provide their signature in this section is confirming that all elements of this travel expense, including the allowability of each expense being claimed for reimbursement, are approved.</p>

Submit completed Travel Expense Claim to a CSUDH TAP AP staff member.