



CSUSB

# Associated Students Inc. - Travel Expense Claim

California State University, San Bernardino  
5500 University Parkway  
San Bernardino, CA 92407

<b>Claimant's Name</b>	<b>I.D. #</b>	<b>Account Number</b>
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<b>Residence Address</b>	<b>Position</b>
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<b>City</b>	<b>Zip Code</b>	<b>Private Car License Number</b>
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Month/Year <hr/> Date    Time	Location where expenses were incurred	Subsistence /Hotel Costs	Cost of Transportation	Type Used	TRANSPORTATION Between which points (*Note: "and return" if round trip)	Carfare, Tolls, Parking	Private Car Use		Business Expense & Conference Registration	Total Expense for the Day
							Miles	Amount		

Remarks or Details (Attach vouchers when required)	Claim Total
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	Less Advance
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Insurance Name and Policy #:	Driver's License #:	TOTAL
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I hereby certify that the above is a true statement of travel expenses incurred by me for the official business of Associated Students, Inc.

Printed Name & Signature of Claimant	Date
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Printed Name & Signature of Executive Director/Officer Approving Payment	Date
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