Associated Students Inc. - Travel Expense Claim

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

Claimant's Name	**I.D. #**	**Account Number**
Residence Address	**Position**	
City	**Zip Code**	**Private Car License Number**

Month/Year 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 Miles	Amount	Business Expense & Conference Registration	Total Expense for the Day

Remarks or Details (Attach vouchers when required)

Claim Total

Less Advance

Insurance Name and Policy #:

Driver's License #:

TOTAL

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

Printed Name & Signature of Executive Director/Officer Approving Payment

Date