

TRAVEL EXPENSE CLAIM

Business Unit: _____

Auxiliary Travel

5500 University Parkway, San Bernardino, CA 92407

Traveler Status: _____

Main (909) 537-5155 Fax (909) 537-7080

Coyote ID (if Employee or Student): _____

Email: payables@csusb.edu

CLAIMANT (Please Type)	Date	Phone
Home Address, City, State, Zip Code		

PEOPLESOFT
CHARTFIELD

Account	Fund	Dept	Program	Class	Project	Amount

General Travel Information

Location of Travel	Purpose of Travel		
Date & Time Depart	Driver's License #	State	Vehicle License Plate #
Date & Time Return	Name of Insurance Company		

****Lodging, Meals & Incidentals-** For additional days, please use another form and submit together.

Date						Subtotal
Lodging \$						
Meals (B, L, D)	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	
Meals \$						
Incidentals \$						
Total Daily Costs						
TOTAL						

**Lodging, Meals & Incidentals > 5 days

Dates	Lodging, Meals & Incidentals > 5 days	Cost
	Enter total from the Lodging, Meals & Incidentals from the additional form →	
TOTAL		

Travel Related Expenses (Airfare, Mileage, Telephone, etc)

Date	Travel Related Expenses	Cost
TOTAL		

COMBINED TOTALS

Comments _____

LESS ADVANCE _____
PAYMENT DUE _____

I CERTIFY THAT:

- 1) The above is a true statement of the travel expenses incurred by me for the official business and if a private vehicle was used, I have met the requirements prescribed by the Auxiliary at CSUSB.
- 2) Duplicate payment has not been requested from another Auxiliary at CSUSB, CSUSB, or any other agency.
- 3) When I drove my privately owned vehicle on Official business, I had a valid driver's license in my possession, all person(s) in the vehicle wore safety belts, and my vehicle was covered by the liability insurance for the minimum amount prescribed by State Law. Any accidents incurred were reported to the Auxiliary Accounting Office within 48 hours after occurrence.

Prepared by (Please Print) _____ Phone or Ext _____ Date _____

Signature of Claimant _____ Date _____

Account Authorized Signature Approval _____ Date _____

Approved By (Please Print) _____

AUXILIARY USE ONLY
Vendor Number: _____
Voucher Number: _____
Budget Approval: _____
Taxable Overage: A/P \$ _____
PAY \$ _____

Please allow 10 to 15 days for processing and payment.

TRAVEL EXPENSE CLAIM INSTRUCTIONS

Travel Expense Claims are to be submitted within 30 days of completion of the trip. Original receipts are required in support of various items of expense. Arrange receipts in chronological order and attach them to the claim form.

The Accounts Payable turnaround timeframe is 10 to 15 business days, upon receipt of the completed forms and the appropriate supporting documentation.

1. Check Disbursement

All checks will be delivered to the address listed on this form.

2. Business Unit

Please select business unit in which the activity has occurred.

- ASI - Associated Students, Inc.
- PHL - Philanthropic Foundation
- SUN - Santos Manuel Student Union
- UEC - University Enterprises Corporation at CSUSB

3. Personal Information

- Claimant - Name of the person traveling
- Claimant Status - Please indicate status of the claimant, guest, vendor, student or employee
- Coyote ID Number - Enter this when selecting "student" or "employee" as the claimant. This is required in order to properly categorize the payee in the system
- Date - The date you are filling out the request
- Phone - Home phone number of Claimant
- Home Address - Home address of Claimant

4. Peoplesoft Chartfield

Enter the account, fund, dept., project, and amount.

5. General Travel Information

Location of business activity and primary purpose of travel needs to be completed. Date and time of departure and return must be provided. This information is used to determine per diem authorization.

Please note: State regulations require you to provide insurance and driver's license information when receiving payment for using your privately owned vehicle.

- Location of Travel - Travel destination
- Purpose of Travel - Explanation for the travel plans
- Date & Time Depart - The date and time of your travel departure
- Date & Time Return - The date and time of your travel return
- Driver's License - Claimants driver's license number and state issued (Complete only if mileage is applicable).
- Vehicle License Plate Number - Claimants license plate number (Complete only if mileage is applicable).
- Insurance Company - Name of Claimant's auto insurance company (Complete only if mileage is applicable).

6. Lodging, Meals & Incidentals

If Lodging, meals, & incidentals are more than 5 days, please use an additional form and submit them together.

- Date - Enter the dates for which you are claiming expenses
- Lodging - Enter the amount of lodging for each night you are claiming reimbursement. Lodging receipt must be attached for reimbursement.
- Meals - Indicate the meals you are claiming for each day. B= Breakfast, L= Lunch, D= Dinner. Enter amount in Meal \$ field. For Breakfast \$10.00, Lunch \$15.00*, Dinner \$30.00. *For travel less than 24 hours, lunch is never allowable. Meals claimed for travel less than 24 hours when there is not an overnight stay represents taxable/reportable income, per IRS regulations.
- Incidentals - Use field to claim incidentals for each day. Please Note: You cannot claim incidentals on the first day of travel. The term "incidental allowance" includes, but is not limited to expenses for laundry, cleaning, and pressing of clothes, fees and tips for services, such as waiter and baggage handlers. The rate payable rate is \$7.00 per day, excluding the first day.

7. Lodging, Meals & Incidentals > 5 days

Enter lodging, meals, & incidentals total from the additional form, if travel was more than 5 days.

TRAVEL EXPENSE CLAIM INSTRUCTIONS

8. Travel Related Expenses (Airfare, Mileage, Telephone, Etc.)

Enter any other travel related expenses such as:

- Airfare
- Mileage for privately owned vehicle (list number of miles and location). You must provide the driver's license #, insurance carrier, and the vehicle plate #. Mileage rates are subject to change; please contact the Accounts Payable office for the current rate.
- Rental car
- Parking
- Miscellaneous charges (telephone calls, duplicating, etc)

9. Payment Due

- Combined Total - Total dollar amount from the Lodging, Meals, & Incidentals section, Lodging, Meals, & Incidentals > 5 days section, and Travel Related Expenses section.
- Less Advance - Minus any advances given
- Payment Due - Amount of payment due to the Claimant

10. Certification

If you are receiving reimbursement from more than one source, you must provide information concerning that source to prevent duplication payment/reimbursement.

11. Prepared By

Person preparing the Travel Expense Claim

12. Claimant

Person who is requesting the reimbursement

13. Approved By

An authorized signer on the account must approve and date the Travel Expense Claim. Submit the request to the Accounts Payable Office for Reimbursement. Failure to complete all requested information will be returned to preparer.

For more efficient claims and quicker turnaround, please file your expense claims directly in Concur, the CSUSB Travel System. Contact the Travel Department for assistance in utilizing Concur. <https://www.csusb.edu/travel>