

TRAVEL EXPENSE CLAIM (TEC)

for travel through 12/31/2023

TI/TO/TN#	TRAVELER'S NAME	ACCOUNTING USE ONLY:	
POSITION	HOME MAILING ADDRESS		VOUCHER #
DEPARTMENT	NAME OF PREPARER (IF DIFFERENT)		VENDOR #

TRAVEL EXPENSES^[1] (RECEIPTS REQUIRED FOR EXPENSES OF \$75 OR MORE)

EXPENSES (all, regardless of form of payment)														
Date ^[2]	City & State ^[3]	Lodging ^[4]	Meals ^[5]			Incidentals ^[6]	Airfare ^[7]	Rental Car/Fuel ^[8]	Taxi/Tolls/Parking ^[9]	Private Car Use ^[10]			Business Expenses ^[11]	Total
			Breakfast	Lunch	Dinner					Miles	Rate	Amount		
											.655			
											.655			
											.655			
											.655			
											.655			
											.655			
											.655			
											.655			
											.655			
											.655			
											.655			
Total cost of trip:														

DIRECT PAYMENTS														
Form of payment	Lodging	Meals			Incidentals	Airfare	Rental Car/Fuel	Taxi/Tolls/Parking	Business Expenses				Total	
		Breakfast	Lunch	Dinner					Reg Fee	Baggage	Internet	Other		
P-card ^[12]														
Accounts Payable ^[13]														
IFT ^[14]														
Total of Direct Payments:														

ACCOUNT ^[15]	FUND	DEPT ID	PROGRAM	CLASS	PROJECT	AMOUNT	ADVANCE RECEIVED ^[16] : MAXIMUM REIMBURSEMENT ALLOWED ^[17] : TOTAL TO BE ISSUED TO TRAVELER:

COMMENTS^[18]:

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 seatbelt usage. CLAIMANT: Before forwarding for approval, please add all backup documents to this PDF [\(see guide\)](#). Your claim should be 1 PDF file.

SIGNATURE OF TRAVELER	DATE
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I HEREBY CERTIFY: a) that I have authorization to approve travel in accordance with the CSUDH Signature Authority; b) that I ensure expenses requested are ordinary, reasonable, not extravagant, necessary, and supported by a business purpose or justification, as appropriate; c) that expenses are in accordance with [CSUDH Travel Procedures and Policies](#).

NAME OF APPROVING OFFICER	SIGNATURE OF APPROVING OFFICER	DATE
NAME OF ADDITIONAL APPROVER (IF REQUIRED)	SIGNATURE OF ADDITIONAL APPROVER	DATE
NAME OF ADDITIONAL APPROVER (IF REQUIRED)	SIGNATURE OF ADDITIONAL APPROVER	DATE

TRAVEL EXPENSE CLAIM

STD. 262 A (REVERSE)

INSTRUCTIONS

- Travel Expense Claims are to be submitted to Accounts Payable within 60 days after the travel trip has ended. Late claims must include a memo signed by the VP, explaining the reason for late submission.
- Requests for reimbursement of travel expenses which are incurred in different fiscal years must be claimed separately.
- Receipts and other documents which are required in support of various expenses must be arranged in chronological order and attached to the claim. Each receipt must be itemized and show the date, cost, and description of the expense.
- Please **do not** attach receipts for anything under \$75.
- When attending a conference or meeting, an agenda or schedule must be attached.

COLUMN ENTRIES

- (1) EXPENSES: Enter ALL expenses, whether paid personally, by Accounts Payable, p-card, or IFT.
- (2) DATE: Enter dates chronologically and use only one row per travel date.
- (3) CITY & STATE: Where expense was incurred
- (4) LODGING: Enter the DAILY cost of lodging, including taxes and fees. If your trip included an overnight stay but you did not get a hotel, an explanation must be provided in the "Comments" box.
- (5) MEALS: Enter the ACTUAL cost of each meal, including tips, up to the daily maximum authorized by the CSU. Meals are not allowed for travel without overnight stay.
- (6) INCIDENTALS: Enter the ACTUAL cost of incidentals (tips/fees given to baggage carriers, bellhops, hotel housekeepers) up to the daily maximum authorized by the CSU.
- (7) AIRFARE: Enter cost of airfare.
- (8) RENTAL CAR/FUEL: Enter daily cost of rental car and associated fuel.
- (9) TAXI/TOLLS/PARKING: Enter cost of taxi, Uber, Lyft, valet, and shuttle, including tips; tolls; and parking fees. Fines or tickets are not reimbursable.
- (10) PRIVATE CAR USE: Enter number of miles traveled using privately owned automobiles as authorized by current agreements, regulations, and detailed in SAM Section 0754.
- (11) BUSINESS EXPENSES: Enter any other business expenses such as baggage fees, internet charges, and registration fees.
- (12) P-CARD: Enter all travel expenses paid via p-card. Copies of itemized receipts in excess of \$75 must be attached to the TEC and originals to the P-Card report.
- (13) ACCOUNTS PAYABLE: Enter all travel expenses paid through Accounts Payable or Direct Billing not charged to the traveler's pcard (eg. Enterprise, Away We Go, Double Tree, etc.).
- (14) IFT: Enter all travel expenses paid via IFT .
- (15) ACCOUNT:
606001 - In-state employee and student travel
606002 - Out-of-state employee and student travel
660042 - Recruitment/Candidate travel
- (16) ADVANCE RECEIVED: If you received a Travel Advance, enter amount here.
- (17) MAXIMUM REIMBURSEMENT ALLOWED: If your department has placed a cap on your reimbursement amount, enter cap here.
- (18) COMMENTS: Enter any additional trip info or explanation of expenses here.