

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO TRAVEL EXPENSE CLAIM

Privacy Statement found at http://travel.csusb.edu/docs/privacy_statement.doc

| | |
|---------------------------|--|
| Normal Work Hours | <input style="width: 100px; height: 20px;" type="text"/> |
| Private Vehicle License # | <input style="width: 100px; height: 20px;" type="text"/> |

| | | | | | | | |
|----------------------------------|--|--|--|----------------------------|---------------------|---------------------|-------------------------|
| CLAIMANT'S NAME | | CLAIMANT'S POSITION & TITLE | | | HEADQUARTERS | DEPARTMENT | DIVISION/COLLEGE |
| | | | | | your campus | WRI | AA |
| CLAIMANT'S STREET ADDRESS | | | | CITY/STATE/ZIP CODE | | CLAIMANT EXT | CLAIMANT'S EMAIL |
| | | | | | | | |

| Preparer's Information | | Name Nicole Barnhart | | | | Ext 75529 | | Email nbarnhar@csusb.edu | | | | | |
|-------------------------------|------|-----------------------------|---------|---|--------|------------------|-------------|---|----------------------------|-------------|--------|--|-------------------------------|
| DATE & TIME | | DESTINATION | LODGING | MEALS & INCIDENTALS <small>(No Lunch on Single Day Trip - Breakfast or Dinner Taxable)</small> | | | | AIRFARE RENTAL CAR RAIL | CARFARE TOLLS & PARKING | CAR Mileage | | MISCELLANEOUS Expenses, including Registration Fee | Total Expenses for the Day |
| Date | Time | | | Breakfast | Lunch | Dinner | Incidentals | | | Miles | Amount | | |
| | | Palm Desert, CA | | | | | | | | | \$0.00 | \$0.00 | |
| | | | | | | | | | | | \$0.00 | \$0.00 | |
| | | | | | | | | | | | \$0.00 | \$0.00 | |
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| | | | | | | | | | | | \$0.00 | \$0.00 | |
| | | | | | | | | | | | \$0.00 | \$0.00 | |
| | | | | | | | | | | | \$0.00 | \$0.00 | |
| | | | | | | | | | | | \$0.00 | \$0.00 | |
| Totals | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |

| TRAVEL AUTHORIZATION Number: | | Check all that apply: | | | Advance | | Pro Card Holder's Name | | Total Trip Cost | | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|------------------------------|-----------------------------------|---------|----------------|---------|-------------------------------|-------|-----------------------------|--|---------------|--------|-------|-------|------|--|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|------------------------|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Chartfields</th> <th>Amount</th> <th>Account</th> <th>Fund ID</th> <th>Dept ID</th> <th>Program</th> <th>Class</th> <th>Project</th> </tr> <tr> <td></td> <td></td> <td>606808</td> <td>SBWRP</td> <td>G0241</td> <td>0202</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | Chartfields | Amount | Account | Fund ID | Dept ID | Program | Class | Project | | | 606808 | SBWRP | G0241 | 0202 | | | | | | | | | | | <input type="checkbox"/> Advance | | | <input type="checkbox"/> Pro Card <input type="checkbox"/> Connexus | | | | Maximum Allowed | | |
| | | Chartfields | Amount | Account | Fund ID | Dept ID | Program | Class | Project | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 606808 | SBWRP | G0241 | 0202 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pro Card | | | Less Advance Payments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Connexus | | | Less Pro-Card Registration | | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | Balance due Claimant | | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | |

All travel claims are due to Accounts Payable within 30 days of end of trip.
Attach all required receipts and supporting documentation to your claim.

PURPOSE OF TRIP, REMARKS, AND DETAILS
WRPI Annual Conference at CSUSB Palm Desert Campus. Hotel paid separately by WRPI.

I certify that the above is a true statement of the travel expenses incurred by me while traveling on official University business. The original of all required documents are attached herein. I have received the appropriate authorization to travel and am aware of the CSU travel guidelines related to this expense, I will not seek reimbursement for a duplicate claim or from another other source. I agree to return any reimbursement or payment issued by the University which subsequently results in a refund, within 30 days of its receipt. If a motor vehicle was operated in the course of this claim, it was done so in full compliance of state laws and CSU policy.

| | | |
|---------------------------------------|-----------------------------|-------------|
| CLAIMANT'S NAME (PLEASE PRINT) | CLAIMANT'S SIGNATURE | DATE |
| | X | |

| | | |
|--|---|-------------|
| I certify that the funds are available for this expenditure and that this expenditure is reasonable and necessary for the department's operations and the University's mission. | | |
| APPROPRIATE ADMINISTRATOR/APPROVER NAME (PLEASE PRINT) | APPROPRIATE ADMINISTRATOR/APPROVER SIGNATURE | DATE |
| Boykin Witherspoon | X | |

| | | | |
|---|--|---------|---|
| FOR ACCOUNTS PAYABLE USE ONLY | | | |
| Reportable Expenses (circle one): YES NO | | | |
| Voucher # | | Check # | |
| Date | | Amount | Vendor ID <input style="width: 100px;" type="text"/> |
| Entered | | Dated | Reviewed by <input style="width: 100px;" type="text"/> |