California Polytechnic State University Travel Expense Claim Form

Please submit completed Travel Pre-Authorization Form with Travel Claim

Claimant's Name	Residence Address (Non Employees Only)	City	State	Zip Code

Type of Traveler: ☐ Faculty ☐ Staff ☐ Management ☐ Student ☐ Guest Speaker ☐ Recruitment Candidate ☐ Other, Explain:

EmpID *(not SS#)*	Department	Telephone #	Vehicle License #	Mileage Rate Claimed
				0.58

Travel Destination (city & state, or city & country)	Purpose of Trip

Departure and Arrival Date	Departure and Arrival Time	City and State or City and Country where expenses were incurred	Domestic Travel Meals Costs B	L	D	Domestic Meals Total	Domestic Travel Incidental Expenses	Foreign Travel Meals & Incidental Expenses	Lodging Cost	Airfare Cost	Private Car Use Miles	Private Car Use Amount	Misc. Travel Expense (Enter on 2nd Page)	Total Expenses
						0.00						**0.00**	**0.00**	**0.00**
						0.00						**0.00**	**0.00**	**0.00**
						0.00						**0.00**	**0.00**	**0.00**
						0.00						**0.00**	**0.00**	**0.00**
						0.00						**0.00**	**0.00**	**0.00**
						0.00						**0.00**	**0.00**	**0.00**
						0.00						**0.00**	**0.00**	**0.00**
						0.00						**0.00**	**0.00**	**0.00**
						0.00						**0.00**	**0.00**	**0.00**
						0.00						**0.00**	**0.00**	**0.00**
						0.00						**0.00**	**0.00**	**0.00**
						0.00						**0.00**	**0.00**	**0.00**
						0.00						**0.00**	**0.00**	**0.00**
			0.00	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Cal Poly (including University Campus Programs)

Fund	DeptID	Account	Program	Class	Project	Amount

Cal Poly Advance Received

Total State Amount Authorized **$0.00**

Cal Poly Reimbursement Total **$0.00**

CAL POLY CORPORATION (CPC)

	Org Key	Object Code	Amount
Expenses paid by traveler's CPC ProCard		**198100**	

CPC Advance Received

Total CPC Amount Authorized **$0.00**

CPC Reimbursement Total **$0.00**

TRAVEL EXPENSES PAID ON YOUR BEHALF - Direct Billed
(You are not claiming these expenses for reimbursement.
They have been paid via Enterprise, Giselle's, ProCard, etc.)

Notes:

Airfare Costs	
Conference Fees	
Rental Car Expenses	
Other Expenses	
Subtotal	**$0.00**
TOTAL COST OF AUTHORIZED EXPENSES	**$0.00**

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with applicable California State University procedures and that all items shown were for the official business of The California State University. 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. 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	APPROVING OFFICIAL SIGNATURE (Must have signature authority on chartfields listed, and hold a minimum employment classification of MPP, Dept. Head, Dept. Chair, or Confidential.)	DATE

PRINT NAME	PRINT NAME FOR APPROVING OFFICIAL	TITLE

Rates for Lodging, Meals and Incidental Expenses vary depending on whether you are traveling in the U.S. or internationally

Rates for U.S. travel: See grid on the "Rates" tab Rates for international travel: https://aoprals.state.gov/web920/per_diem.asp Revised 1/13/17

Miscellaneous Expenses - Only list expenses that do not fit into another category and list all expenses separately. All Misc. Travel Expenses over $40 must have a receipt submitted.

Date	**Miscellaneous Expenses - only list expenses other than meals, domestic travel incidental expenses, foreign travel meals & Incidental expenses, lodging and airfare costs. Dates pulled from Departure and Arrival section on page 1. List all expenses before departure on the departure date.**	**Amount**
	Total Miscellaneous expenses	**$0.00**