

~ EXAMPLE ~

Select how you would like your reimbursement

- AP Handling:
- Direct Deposit
 - Pick up at SBS
 - Mail to Payee

Travel Expense Claim Form

Same-Day Travel (STEC)
 Domestic Travel (TEC)
 AK/HI/International Travel (ITEC)
 Monthly Mileage (MEC)

Employee Claimant's Name: _____ Supplier#: _____ CIT#: _____
 Student (waiver on file) Full Mailing Address: _____ Phone: _____
 Volunteer Private Vehicle License: _____ Prepared by: Betty Ortiz Phone: X1639
 Non-Employee/Applicant

Request Date: 04/05/2018

Departure Date: 03-28-18 & Time: 11:30a

Return Date: 03-31-18 & Time: 5:00p

Purpose of Trip/Remarks/ Details: Attach documentation and original itemized receipts (attached to full size scratch paper for scanning) and submit with claim. A Travel Authorization may be required to be attached for travel related items. *Please no acronyms. Do not leave blank.*

PSA 2018

How many travel days are personal days?

General Expenses: Please indicate if paid via Pro-Card, direct billing or a pre-paid campus account:

Airfare Costs: _____ Yes No, Traveler Paid Conference/Registration/Fees: \$55.00 Yes No, Traveler Paid
 Rental Car Costs: _____ Yes No, Traveler Paid Workshops/Training/Prof. Dev: _____ Yes No, Traveler Paid
 Shuttle Costs: _____ Yes No, Traveler Paid Santa Rosa Island Transport: _____ Yes No, Traveler Paid

Date MM/DD/YY	Destination/ Location	Lodging Cost	Daily Meals			Incidentals	Taxi, Tolls, Parking, Transport	Private Car Use		Other Expenses	Total Daily Expenses
			Breakfast	Lunch	Dinner			Miles	Amount		
03/28/18	Tehachapi - Long Beach	91.62		7.11	16.93		29.00	150			220.41
03/29/18	Long Beach	91.62		15.00	10.90	6.50	29.00				153.02
03/30/18	Long Beach	91.62					29.00				120.62
03/31/18	Long Beach - Tehachapi			18.00		5.82		150			105.57

More Expense Lines Needed

Source of Funding:

Total Reimbursable Expenses: 605.62

Account	Fund	Department	Program	Class	Project	Amount
606001 (In-state travel)						605.62

Actual Reimbursed Total: \$ 605.62

I HEREBY CERTIFY that I was authorized to travel and the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University policies and CSUCI policies, and that all items shown were for the official business of The California State University. Furthermore, I HEREBY CERTIFY that I will not seek reimbursement for a duplicate claim or from any other source. APPROVALS-I am authorized to approve this travel expense claim, as it services a CSUCI business purpose, and I certify that adequate funds are available.

 Print Name of Traveler Traveler's Signature Date

 Print Name of Approver & Extension Approver's Signature Date

 Print Name of Approver & Extension Approver's Signature Date

Accounts Payable Use Only: Mileage Rate: 0.545

TA (International Only) AF (No Early, Coach Only)
 Agenda RC (Enterprise, Nonair)
 Registration Park (No Vals)
 Lodging (Original, Itemized) L (\$275/night)
 Transport (Original) M (\$55/d) M (\$75+Receipts)
 Meals (Original, Itemized) I (\$7/d)
 Mileage Maps/Verify
 Approval Signatures AP (Var) \$ _____ Version 18.06

Dolphin pod
Powered by Google

[REDACTED]

Your PSA Purchase

PSA-store@mymeetingsavvy.com <[REDACTED]@mymeetingsavvy.com>
To: [REDACTED]
Cc: [REDACTED]

Fri, Mar 2, 2018 at 2:58 PM



Conference
Registration

Friday, March 2, 2018

[REDACTED]
[REDACTED]
[REDACTED]

Dear Colleague,

This is your receipt for your recent payment to the Pacific Sociological Association.

Items Purchased:

- Pre-Registration for 2018 PSA Annual Meeting: Student
- 2018 Membership: Student

Date: Friday, March 2, 2018

Total Payment: \$55.00

Payment Method: [REDACTED]

Thank you so much for your continuing support. We hope to see you at our next annual meeting!

Sincerely,

Lora Bristow

[REDACTED]
[REDACTED]



**HYATT
REGENCY**
LONG BEACH

Hyatt Regency Long Beach
200 South Pine Avenue
Long Beach, CA 90802
Tel: 562-491-1234
Fax: 562-432-1972
www.longbeach.hyatt.com

Lodging Receipt

INVOICE

[Redacted]
[Redacted]
[Redacted]
[Redacted]

Room No. 0819
Arrival 03-28-18
Departure 03-31-18
Folio Window 1
Folio No.

Confirmation No. [Redacted]
Group Name PSA Annual Conference 2018
Booking No. [Redacted]

Date	Description	Charges	Credits
03-28-18	Group Room	159.00	
03-28-18	Occupancy Tax 12.0%	19.08	
03-28-18	LB Tourism Assessment 3.0%	4.77	
03-28-18	CA Tourism Assessment	0.39	
03-29-18	Group Room	159.00	
03-29-18	Occupancy Tax 12.0%	19.08	
03-29-18	LB Tourism Assessment 3.0%	4.77	
03-29-18	CA Tourism Assessment	0.39	
03-30-18	Group Room	159.00	
03-30-18	Occupancy Tax 12.0%	19.08	
03-30-18	LB Tourism Assessment 3.0%	4.77	
03-30-18	CA Tourism Assessment	0.39	
03-31-18	Mastercard		274.86

Total	549.72	274.86
Guest Signature	Balance	274.86

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

World of Hyatt Summary

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more. Visit www.worldofhyatt.com

We trust you enjoyed your stay at the Hyatt Regency Long Beach. Please let us know your thoughts at: quality@hbrl.hyatt.com.

We thank you for your business and we appreciate your loyalty.

For questions on your World of Hyatt account, call 800-30-HYATT.

For inquiries concerning your bill please call 888-588-4384

Please remit payment to:
Hyatt Regency Long Beach
P.O. Box 842160
Dallas, TX 75284

Parking Company of America

CORPORATE OFFICE:
3165 Garfield Avenue
Los Angeles, CA 90040
OFFICE (562) 862-2118
FAX (562) 862-4409



092443

DATE	3/31/18	LOCATION	HyattLA
AMT \$	\$87.00	REC'D BY	Wlet

↗
parking pass