

TRAVEL EXPENSE CLAIM – INSTRUCTIONS

(INSTRUCTION PAGE NEED NOT BE SUBMITTED)

(FIRST PAGE FOR NCR USE ONLY)

Travel Expense Claims are to be submitted as soon as possible to clear travel advances and department paid expenses, i.e. airlines or car rental or relocation. Requests for reimbursement of out-of-state travel or relocation expenses must be claimed separately. Requests for reimbursement of travel expenses, which are incurred in different fiscal years must be claimed separately. Vouchers, which are required in support of various expenses must be arranged in chronological order and attached to the claim. Each voucher must show the date, cost, and nature of the expense.

Attach the original and one copy of airline tickets, rental car receipts, and receipts for business expenses to the expense claim. Also attach 2 copies of conference or training forms and any other letters of justification or exemption.

MULTIPLE PAGES--If your claim is more than one page, indicate page number and total number of pages. **DO NOT** total each page. Enter the total amount of the claim on the last page of the claim in the space for CLAIM TOTAL: If you have more than one trip on a claim, subtotal each trip for columns 8, 11, 12, & 13.

COLUMN ENTRIES

- (1A) **NORMAL WORK HOURS**-- Enter your beginning and ending normal work hours using twenty-four-hour clock (example: 0800 = 8:00 a.m.). bargaining agreements.
- (1B) **WORK SCHEDULE**-- Choose hours worked via the drop down menu, i.e. 5/8/40, 9/8/80, 4/10/40, etc.
- (1C) **DAYS OFF**-- Indicate scheduled days off.
- (2) **PRIVATE VEHICLE LICENSE NUMBER(S) (IF CLAIMING MILEAGE)**--Enter license number(s) of the privately-owned vehicle used on official State business. To claim reimbursement, you must have met the requirements as prescribed by SAM Sections 0751, 0752 and 0753 pertaining to operator requirements, vehicle safety, seat belt usage and authorization.
- (3) **EXCESS LODGING APPROVAL (STD 255C rev 12/05)**--attach the pre-approved form with your TEC for lodging rate in excess of the maximum rate allowed. Please refer to DPA Management Memo 2006-013, available from your Administrative Officer.
- (4) **MILEAGE RATE CLAIMED**--Enter rate of reimbursement for private vehicle use.
- (5) **TOTAL MILES CLAIMED**--Enter total miles being claimed for private vehicle use.
- (6) **MONTH/YEAR**--Enter numerical designation of month and last two digits of the year in which the first expenses shown on the form were incurred.
- (7) **DATE/TIME**--Enter date and time of departure on the appropriate line using twenty-four-hour clock (example: 1700 = 5:00 p.m.). Show time of departure on date of departure, show time of return on the date of return. If departure and return are on the same date, enter departure time above and return time below on the same line.
- (8) **LOCATION AND PURPOSE OF TRIP WHERE EXPENSES WERE INCURRED**--Enter the name of the city, town, or location where expenses were incurred. Abbreviations may be used for location. Enter purpose of trip immediately below location where expenses were incurred.
- (9) **LODGING**--Enter the actual cost of the lodging not to exceed the maximum amount authorized by current Department of Personnel Administration (DPA) regulations, bargaining agreements and detailed in the State Administrative Manual (SAM) Sections 0721 to 0724. A receipt is required from a commercial lodging establishment such as a hotel, motel, bed and breakfast, inn, or public campground that caters to the general public. Employees who stay with friends or relatives are not eligible for lodging reimbursement, but may claim their actual expenses for meals and incidentals.
- (10) **MEALS**--Enter the actual cost of each meal not to exceed the maximum amount for each meal as authorized by current DPA regulations, bargaining agreements and detailed in SAM Sections 0761 to 0763 and DAM Section 4334. Dinner column is to be used to claim dinner on regular travel, overtime meals, long term, and relocation daily meal expenses.
- OVERTIME MEAL AND BUSINESS RELATED MEAL**--Enter the actual cost of the meal not to exceed the maximum amount authorized by current DPA regulations, and bargaining agreements. Refer to DAM Section 4334 and DPA Management Memos, available from your Administrative Officer, for receipt requirements.
- (11) **INCIDENTALS**--Enter the total actual cost of incidentals not to exceed the maximum amount authorized by current DPA regulations and
- (12) **TRANSPORTATION**--Purchase the least expensive round-trip or special rate ticket available, otherwise the difference will be deducted from the claim. If you travel between the same points without using round-trip tickets, an explanation should be given. Travel arrangements should be made through the contract travel agency.
- (A) **TYPE OF TRANSPORTATION USED**--Enter method of transportation used. Use "R" for railway, "B" for bus, airporter, light rail, or BART, "A" for scheduled commercial airline. "RA" for rental aircraft, "DA" for department-owned aircraft, "PA" for privately-owned aircraft, "PC" for privately-owned car, truck or other private-owned vehicles, "SV" for specially-equipped vehicle for the handicapped, "SC" for State vehicles, "RC" for rental vehicles, "T" for taxi, and "BI" for bicycle. Supervisors shall not authorize the use of motorcycles on official State business, and no reimbursement will be allowed for motorcycles.
- (B) **HOW PAID?** Show how transportation was obtained. Use "CC" for credit card and "C" for cash. If transportation was paid by the State, enter method of payment only. Use "SCC" for State credit card, or "BSA" for billed to State agency. Attach all ticket stubs including the unused portion of tickets.
- (C) **COST OF TRANSPORTATION**--Enter the cost of cash or credit card purchase of transportation, including gasoline for RC or SC. Do not show cost for BSA or State credit card purchases.
- (D) **PRIVATE CAR USE**--Enter number of miles traveled and amount due for mileage for the use of privately-owned automobiles as authorized by current agreements, regulations, and detailed in SAM Section 0754.
- (E) **TAXI, TOLLS, AND PARKING**--Enter taxi, bridge tolls, and parking charges; attach a voucher for any parking charge in excess of \$10.00 for any one continuous period of parking.
- (13) **BUSINESS EXPENSE**--Claims for phone calls must include the place and party called. Any other business expenses require an explanation (DPA 599.625).
- (14) **ENTER TOTAL EXPENSES FOR DAY**
- (15) **COST OBJECT**--Internal Order Number, Plant Maintenance Order Number, or Work Breakdown Structure Element.(16)
- (17) **CLAIMANTS CERTIFICATION AND SIGNATURE**--Your signature certifies that expenses claimed were actually incurred and that the cost of operating the vehicle is at or above the rate claimed.
- (18) **SIGNATURE OF OFFICER APPROVING PAYMENT**--Certifies and authorizes travel; approves expenses as incurred on State business.
- (19) **SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES**--When a claim for conference or convention expense under Section 599.635 of the DPA regulations and detailed in SAM Section 0724, is included, or when reimbursement of a business expense exceeds \$25.00 or when reimbursement for Bar dues or license fees is included, the signature of the approving official is required, either on a separate document attached to its claim or by signature in this block.
- PLEASE NOTE: MUST BE SUBMITTED ON NCR PAPER--2Pages. Copy of receipts: 8.5x11 Page**

*** PRIVACY STATEMENT**

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that the following notice be provided when collecting personal information from individuals.

AGENCY NAME: Appointing powers and the State Controller's Office (SCO).

UNITS RESPONSIBLE FOR MAINTENANCE: The accounting office within each appointing power and the Audits Division, SCO, 3301 C Street, Room 404, Sacramento, CA 95816.

AUTHORITY: The reimbursement of travel expenses is governed by Government Code Sections 19815.4(d), 19816, and 19820. These sections allow the Department of Personnel Administration (DPA) to establish rules and regulations which define the amount, time, and place that expenses and allowances may be paid to representatives of the State while on State business.

PURPOSE: The information you furnish will allow the above-named agencies to reimburse you for expenses you incur while on official State business.

OTHER INFORMATION: While your home address is voluntary information under Civil Code Section 1798.17, the absence of this information may cause payment of your claim to be delayed or rejected. You should contact your department's Accounting Office to determine the necessity for this information.