STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement on Reverse Side

Page _____ 1 of 1 _____ Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER * (not required) N/A	EMAIL

TITLE	CB/ID NUMBER	AGENCY NAME	DEPARTMENT

RESIDENCE ADDRESS	AGENCY ADDRESS	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

(1) MONTH/YR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) NOT REIM. INCIDEN-TALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	N/C, RELO OR DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT		
(10) SUBTOTALS														
COLUMN CODE (ACCTG USE ONLY)														
CLAIM TOTAL														

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12) NORMAL WORK HOURS

CUPA Conference:

Who to make check out to: _____

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED
0.54

PLEASE MAIL FORM to CAL CUPA FORUM
P.O. BOX 2017, CAMERON PARK, CA 95682-2017 530-676-0715

AGENCY ACCOUNTING OFFICE

USE ONLY

(15) 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 seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMEN	DATE

(17.) SPECIAL EXPENSE AUTHORIZATION - SIG *(See Item 17 on reverse)*	DATE

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM INSTRUCTIONS

(1) 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.

(2) 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. Where the first date shown is a continuation of trip, enter "Continuing" above that date, and where a trip is continuing beyond the last date shown, write "Continuing" after the last date.

(3) LOCATIONS WHERE EXPENSE WERE INCURRED: Enter the name of the city, town, or location when expenses were incurred. Abbreviations may be used.

(4) 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 for any expenditure.

(5) 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. Dinner column is to be used to claim dinner on regular travel. Max breakfast $6, lunch $10 and dinner $18.

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 DPA Management Memos for receipt requirements

(6) INCIDENTALS: Enter the total actual cost of incidentals not to exceed the maximum amount authorized by current DPA regulations and agreements. Does not apply.

(7) 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.

(A) COST OF TRANSPORTATION: Enter the cost of cash purchase of transportation. Show how transportation was obtained if fare was not purchased for cash. Use "CC for credit cam and "C" for cash If transportation was paid by the State, enter method of payment only. Use "SCC" for State credit card, "TO" for ticket order or "BSA" for billed to State agency. Attach all passenger coupons and ticket order stubs including the unused portion of tickets, other credit documents or premiums, where credits or refunds are due to the Slate.

(B) - 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 privately owned vehicles, "SV" for specially equipped vehicle for the handicapped, "SC" for State vehicles, "RC" for rental vehicles, for taxi, and "BI" bicycle. Supervisors shall not authorize the use of motorcycles on official State business, and no reimbursement will be allowed for motorcycles.

(C) CAR FARE, TOLLS, AND PARKING: Enter carfare, bridge tolls, and parking charges; attach a voucher for any parking charges.

(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.

(9) ENTER TOTAL EXPENSES FOR DAY

(10) ENTER SUBTOTALS TOTALS

(11) PURPOSE OF TRIP, REMARKS OR DETAILS: Explain need for travel and any unusual expenses. Enter detail or explanation of items in other columns, if necessary Vouchers must be provided for any miscellaneous item of expense.

(12) NORMAL WORK HOURS: Enter your and ending normal work hours using twenty-four-hour clock (example: 0800 = 8:00 a m.).

(13) PRIVATE VEHICLE LICENSE NUMBER-Enter license number 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.

(14) MILEAGE RATE CLAIMED: Enter the rate of reimbursement being claimed for private vehicle use.

(15) CLAIMANTS CERTIFICATION AND SIGNATURE: Your signature certifies that expenses claimed were actually incurred and that the cost of operating the is at or above the rate claimed.

(16) SIGNATURE OF OFFICER APPROVING PAYMENT: Certifies and authorizes travel; approves expenses as incurred
on State business

on State business.

(17) SIGNATURE 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 officer is required, either on a separate document attached to this claim or by signature in this block.