CALIFORNIA STATE UNIVERSITY FULLERTON
PHILANTHROPIC FOUNDATION

Foundation Travel Expense Claim

IF REVISION, CHECK HERE ☐
Document # Page of
CWID (or Vendor Data Record Form)

Instructions: https://adminfin.fullerton.edu/finance/ap_travel/services/travel/

Claimant's First Name	Claimant's Last Name	Department
Residence Address	Preparer's Name	Preparer's Email Address
City / State / Zip Code	CSU Campus Name: CSU Fullerton	

Please Check as Appropriate: ☐ If address has changed ☐ If name has changed

Headquarters Address	City	State	Zip Code
2600 Nutwood Ave.	Fullerton	CA	92831

(1) Month/Year		(4)	(5)	(6) Claimant's Meals			(7)	(8) Transportation					(9)	(10)
(2) Day	(3) Time	Location Where Expenses Were Incurred	Lodging	Breakfast	Lunch	Dinner	Incidentals	(A) Cost of Trans.	(B) Type Used	(C) Parking, Toll	(D) Private Vehicle Use Miles	(D) Private Vehicle Use Amount	Business Expense	Total Expenses For Day
(11) Travel Claim Total														
(12A) Amount Exceeds Authorized Amount														
(12B) Expenses Paid By University														
(12C) Expenses Paid By Auxiliary														
(13) Total Reimbursement To Claimant														

(14) CHARTFIELD (Reimbursement to Claimant)

Account (6)	Fund (5)	Dept ID (5)	Prog. (4)	Class (5)	Project (8)	Amount

Auxiliary Funds	Account	Accounts Payable/Travel Use	Amount
CSUF ASC Account			
CSFPF Account			
ASI/IRA Account			

TOTAL REIMBURSEMENT

TRANS. / TYPE USED	(15) MILEAGE CLAIMED
Select appropriate letter for transportation type (Enter letter in column 8B)	Select appropriate mileage rate

Business Travel Dates:
07/01/22 - 12/31/22: .625
01/01/22 - 06/30/22: .585
01/01/21 - 12/31/21: .56

Move / Relocation:
07/01/22 - 12/31/22: .22
01/01/22 - 06/30/22: .18
01/01/21 - 12/31/21: .16

ACCOUNTS PAYABLE/TRAVEL USE ONLY

Voucher #		Rept./Tax Meal	
Check #		Rept. Moving	
Check Date		Taxable Moving	
Check Amt			
Reviewed By		Date	

(16) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach all required receipts and documentation)

(17) 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. In addition, I will not seek reimbursement for (1) a duplicate claim or (2) from any other source.

(17) CLAIMANT'S SIGNATURE	DATE

(18) PRINT NAME OF APPROVER	(18) SIGNATURE OF APPROVER - I certify that this TEC is true and correct in accordance with the CSUF Travel Policy. Approver must have Delegation of Authority on file for the chartfields indicated	DATE