

Travel Claim Form with Instructions

Please complete the required following sections of this student travel expense claim to start the reimbursement process.

- Name
- Student ID number
- Department
- Position – (Group Leader, Student, Faculty Group Leader, Volunteer)
- Valid Residence address
- Valid Phone Number
- (1) Month/Year when trip took place
- (2) Date
- (3) Location – City, State (this is required or it will be sent back)
- (4) Lodging
- (5) & (6) Per diem for meals and incidentals – please include the incidentals document from the [University Travel website](#) (this is required, even if IRA does not cover meals, this will be reduced from the amount of reimbursement)
- (A) Transportation – flight, train, bus, rideshare, rental car, etc
- (B) Type Used – R=Rental, P=Personal Vehicle, T=Train, B=Bus, RS = Rideshare, F=flight
- (D) Carfare, parking – Parking fees
- (E) Private Car Use – only complete if you are asking for mileage reimbursement if you drove to location with personal vehicle
- Business Expense – this section is usually used for registration fees
- Amount
- Account
- Fund
- Department
- Class
- Project – this is your IRA project number (For ex: IRA001)
- Lodging Address 1 – only if applicable
- (13) – private Vehicle License Number – only if you used your Private Vehicle to drive to location of conference
- (11) Purpose of Trip – REQUIRED section, please complete or it will be sent back for correction

Trip Start Date: _____

Trip End Date: _____

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
 STD. 262 (5/78)

*See Instructions and *Privacy
 Statement on Reverse Side*

Claimant's Name -	SSAN OR EMPLOYEE NUMBER* -	DEPARTMENT -
POSITION -	DIVISION OR BUREAU -	
RESIDENCE ADDRESS* ,	HEADQUARTERS ADDRESS ,	TELEPHONE NUMBER -

(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	O.T., L/T N/C, RELO OR DINNER	INCIDENTALS	(A)	(B)	(D)	(E) PRIVATE CAR USE			
Date	Time							CITY	STATE	ZIP CODE	CITY			STATE
SUBTOTALS														

COLUMN CODE (ACCTG. USE ONLY)													
Amount	Account	Fund	Department	Program	Class	Project							

For Student Travel Only: Enter all Lodging Addresses (Street Address, City, State, Zip) and if applicable the Hotel Name

Lodging Address 1 _____

Lodging Address 2 _____

Lodging Address 3 _____

CLAIM TOTAL

(12) NORMAL WORK HOURS _____

(13) PRIVATE VEHICLE LICENSE NUMBER _____

(14) MILEAGE RATE CLAIMED
 0.7

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

**AGENCY ACCOUNTING OFFICE
 USE ONLY**
 PAID BY REVOLVING FUND
 CHECK NUMBER

(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 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	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 on reverse)

DATE