

CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION

PLEASE CHECK APPROPRIATE BOX

TRAVEL EXPENSE CLAIM TRAVEL PURCHASE ORDER # _____

Date:		Cost Center Name:	
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CLAIMANT INFORMATION

Vendor Number <small>(Foundation use only):</small>			
Claimant Name:			
Address:			
Address:			
City, State, Zip:			
Date Submitted:		Travel Dates:	

ADDITIONAL INFORMATION

Headquarters Address:			
Residence Address:			
Trip Purpose:			
Check Distribution Instructions (Check one, U S Mail is the default choice):			
<input type="checkbox"/> U.S. Mail <input type="checkbox"/> Pick Up At Foundation			

NET AMOUNT OF CLAIM

Total Claim <small>(From page 2):</small>	\$	
Minus Prepayment:	\$	
Net Claim:	\$	

ACCOUNTING INFORMATION

<u>Cost Center.Object.Subsidiary</u>	<u>Amount</u>
	\$
	\$

Private vehicle mileage reimbursement

Reimbursement for use of privately owned vehicles for Foundation business requires the following driver certification:

- I hereby certify that when I drove my privately owned vehicle on Foundation business I had a valid driver's license in my possession, all persons in the vehicle wore safety belts and the vehicle was covered by liability Insurance for the minimum amount prescribed by State Law.

Name of insurance company _____
 Private car license number _____
 Drivers license number _____

- I certify that I am in compliance with the driving standards as outlined by Foundation's Criteria for Driving on Foundation Business located on the Foundation Forms and Policy website at: <http://www.auxiliary.com/Foundation/forms.shtml>, and if required as defined in the Foundation's Criteria, I have received certification of successful completion of the Foundation/University Defensive Driving/Employee Pull Notice Program.

- I hereby certify that all accidents incurred were reported to the Foundation business office within 48 hours after occurrence.

Additional Certification

I hereby certify that this claim is a true statement of travel expenses incurred by me in accordance with Foundation policies and on official business of the Foundation and/or the University.

ACCOUNT SIGNER AUTHORIZATION

Claimant:		Phone:	Date:	
Prepared By:		MS#	Date:	
Approved By: <small>(Project Director or authorized designee:</small>		MS#	Date:	

FOUNDATION AUTHORIZATION

GRANT ACCOUNTANT:	
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Month		Year		LOCATION WHERE EXPENSES WERE INCURRED	TRANSPORATION			MEALS			INCIDENTALS	DAILY TOTAL
DATE	TIME		MILES		RATE	AMOUNT	BREAKFAST	LUNCH	DINNER			
	DEPART	RETURN										
	AM	PM										
PURPOSE OF EACH TRIP:												
	AM	PM										
PURPOSE OF EACH TRIP:												
	AM	PM										
PURPOSE OF EACH TRIP:												
	AM	PM										
PURPOSE OF EACH TRIP:												
	AM	PM										
PURPOSE OF EACH TRIP:												
	AM	PM										
PURPOSE OF EACH TRIP:												
	AM	PM										
PURPOSE OF EACH TRIP:												
	AM	PM										
PURPOSE OF EACH TRIP:												
	AM	PM										
PURPOSE OF EACH TRIP:												
SUBTOTALS												

ADDITIONAL EXPENSES ITEMIZED

LODGING:		\$
BUSINESS EXPENSE:		\$
COMMERCIAL TRANSPORATION:		\$
CABFARE/TOLLS/PARKING:		\$
TOTAL CLAIM (Carry forward to page 1)		\$

REMARKS:	