		Travel Claim Worksheet - Employees & Students						Signatures & Approvals								
(TITA)		enter an address each time (see cell P35)				* PAYEE: Sign to	Role	Name	Signature	Date	Role	Name	Signature	Date		
CALIFORNIA STATE UNIVERSITY	Legal Name: (no nicknames)			Business Unit:		validate expenses or	this form	Payee *				Approver #2				
BAKERSFIELD	Travel Purpose:			Campus ID:		are true and and that you be see	u will not	Preparer				Approver #3				
Choosing from dropdov		Enter per diem rate	Tr	avel Start Date:		reimbursen another	nent from	Reviewer #1				Grant Analyst				
Location (Only Enter Lodging Destinations)	Domestic Rates (GSA) or choose "Int'l" for int'l, AK, &	Alaska/Hawaii (DoD- Defense Travel) or International Rates (State Dept)	7	ravel End Date:				Reviewer #2				Dr. Sumaya (grants > \$3k)				
	rii)	(State Dept)		click whichever of the 3 links describe US=GSA; AK/HI=Defense Tr		Fravel; Int'l=State Dept)		Approver *				AP/Pmt Svcs *	nent Services as an	approver & ente	r a date field)	
			1	Travel				'	(add AP/Payn							
			GSA		MTMENT	STATE			/tan fields. When a and your mileage. (F				values in USD. For mo	re details, refer to th	e Instructions tab	
			707 1-uu)	traver, don t em	er the location,	rute types, etc	Just enter	ine Traver Date	una your mneage. (r	er alem pala omy v	with overnight sti		TALC	Amount [	Oue to Traveler	\$0.0
		Travel Details				Entor	· All Drovide	nd Moole	0.00	0.00	0.00		TALS:	0.00	0.00	÷0.0
Т		Travel Details				Enter All Provide			0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.0
Location	Rate Type	Notes (optional)	M&IE Rates/Day based on Rate Type	Travel Date	Personal Day? Enter a "1"	# Provided Breakfasts	# Provided Lunches	# Provided Dinners	M&IE Total	Airfare*	Lodging*	Miles*	Ground Transport*	Car Rental*	Business Expense*	Total Tri Expense
			\$0.00		0	0	0	0	\$0.00							\$0.0
			\$0.00		0	0	0	0	\$0.00							\$0.0
			\$0.00		0	0	0	0	\$0.00							\$0.0
			\$0.00		0	0	0	0	\$0.00							\$0.0
			\$0.00 \$0.00		0	0	- 0	0	\$0.00							\$0.0
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			\$0.00		0	0	0	0	\$0.00							\$0.0
			\$0.00		0	0	0	0	\$0.00							\$0.0
			\$0.00		0	0	0	0	\$0.00							\$0.0
			\$0.00		0	0	0	0	\$0.00							\$0.0
			\$0.00		0	0	0	0	\$0.00							\$0.0
			\$0.00		0	0	0	0	\$0.00							\$0.0
			\$0.00		0	0	0	0	\$0.00							\$0.0
Liet all advances & navm	ante the University ma	ido on vour bobalf boro:	Charge			СНУВТ	EIEI DS TO	D BE CHADGE	D & THE AMOU	NT TO EACH				QUIRED: Deliv g (Choose One):	ery Method Mail (de	fault)
Requests, ProCard Payments, Cash Advances, Budget Reductions, etc.					Fund Dept Account			Project					ses in the HR sys			
Advance Type*	Advance \$Amt *	& vendor. Lump all ProCar	vance Notes such as Charge Request Number endor. Lump all ProCard payment together & us whose ProCard they were charged to.									Pickup Nam	e & email address:			
												only fill in if y	ou chose "pickup" handling above!			
													Payee's	Payee's Home Address (REQUIR		
											REOUIRED: writte			trip by day (attach a	separate page if ne	eeded)
															. , , , , , , , , , , , , , , , , , , ,	
TOTAL ADVANCES	\$0.00				<u> </u>	Travel in	CA is 6060	l 01; all other trav	el, use 606002	TOTAL	\$ -					
Ensure that this amount i	s <u>not</u> included in the a	mount due the traveler	(cell X11)		If a	n amount app	ears in this	box, you've not	allocated the amou	int due correctly.	-					