

Quick Reference Guide

Travel Expense Claim for Continental US – No Airfare

The form preparer will always need to access the **Travel Claim Worksheet – Employees & Students** form from the <u>Campus Forms Gateway</u> as routine changes and updates are made on a regular basis.

Traveler – General Information

1. Enter the traveler's legal name. Please do not put nicknames, as this will make it harder to locate the traveler in CFS.

	Tr	1	Cla	aim Worksheet - Em
	ente	er an	aaa	ess each time (see cell P35)
Legal Name:	Joh	n Sm	nith	
(no nicknames)				

2. The form preparer must select the desired Business Unit (BU). Click the ▼ button, and a dropdown of all available BUs will appear.

		Travel Claim Worksheet - Em	ployees &	St 2	ts	
		enter an address each time (see cell P35)			*1	I AYI
CALIFORNIA STATE UNIVERSITY BAKERSFIELD	Legal Name: (no nicknames)	John Smith	Business Unit:	вксмр		i ida Den: n ai
					corr	ect o

3. Provide the traveler's CSUB ID number, which can be provided by the student, staff, or faculties ID card.



4. Input the traveler's start and end dates. The form preparer will receive a prompt if the total number of days differs from the detail section.)



5. Enter a brief explanation of travel in the Travel Purpose box. It should explain the benefits to CSUB. (example: "Learning SmartSheet application for efficiencies in my department at the workshop at CSUN").



Enter Per Diem Rates

1. Enter your lodging destinations (city and state).

CALIFORNIA STATE UNIVERSITY BAKERSFIELD	Legal Name: (no nicknames) Travel Purpose:	Bethany Davis SmartSheet Applicatio Workshop in San Fran	Business Unit: Campus ID:	вксмр 1306903	
Choosing from dropdo	wn menu is required	Enter per diem rate	Tra	evel Start Date:	8/5/2024
Location (Only Enter Lodging Destinations)	Domestic Rates (GSA) or choose "Int'I" for int'I, AK, & ''')	<u>Alaska/Hawaii (DoD-</u> <u>Defense Travel) or</u> <u>International Rates</u> (<u>State Dept)</u>	т	ravel End Date:	8/7/2024
San Francisco, CA	J		click whichev (Continental US=	er of the 3 links GSA; AK/HI=D Defense	s describes y efense Trave. Fravel

2. For travel within the continental US, click the GSA icon to look up the per diem rates.

Enter per diem rate	Travel Start Date: 8/5/	/2024 reimbursement from another source.
Alaska/Hawaii (DoD- Defense Travel) or International Rates (State Dept)	Travel End Date: 8/7/	/2024
	click whichever of the 3 links des	scribes your destination
	(Continental US=GSA; AK/HI=Defen	se Travel; Int'l=State Dept)
	DefenseTrav	vel
	GSA Management Of U.S. DEPART Decement of	fice Enter the valu
	For 1-day travel, don't enter the lo	ocation, rate types, etc. Just enter ti

3. On the GSA webpage, select the state and enter the city of your destination, and click **Find Rates.**

Per diem rates

GSA establishes the rates that federal agencies use to reimburse their employees for lodging and meals and incidental expenses incurred while on official travel within the continental United States (CONUS). A standard rate applies to most of CONUS. Individual rates apply to about 300 non-standard areas (NSAs). Most NSAs are a key city/primary destination and the surrounding county. Rates for the coming federal government fiscal year are typically announced in mid-August. Search the rates below or refer to the <u>flat</u> files, <u>API</u> Ø, or <u>trip calculator</u>.

Search by city, state, or ZIP code					
Required fields are marked with an asterisk (*).					
For Fiscal Year: *					
2024 (Current Fiscal Year)	÷				
State	ty				
California 🗘 S	San Francisco				
OR					
ZIP					
ZIP					
Find Rat	es				

4. Scroll down to the **Meals & Incidentals rates and breakdown** section. The **M&IE Total** is the per diem rate you will enter on your travel claim.

Meals & Incidentals (M&IE) rates and breakdown ⁽¹⁾								
Use this table to find the	Use this table to find the following information for federal employee travel:							
M&IE Total - the full dail	y amount received for a single	calendar day of travel whe	en that day is neither the first nor last d	ay of travel.				
Breakfast, lunch, dinne	r, incidentals - Separate amou	nts for meals and incident	tals. M&IE Total = Breakfast + Lunch + D)inner + Incidentals. Sor	netimes meal			
First & last day of trave	ted from trip voucher. See Mon	and last day of travel and	equals 75% of total M&IE					
Primary	County 🟮	M&IE Total	Continental	Lunch	Dinner	Incidental		
Destination 🕖	,		Breakfast/Breakfast			Expenses		
San Francisco	San Francisco	\$79	\$18	\$20	\$36	\$5		

5. Return to your travel claim worksheet and enter the rate from the GSA webpage in the **Domestic Rates (GSA)** field. Leave the international rates field blank.

Choosing from dropdo	En	ter per diem rate				
Location (Only Enter	Domestic Rat	es	Ala	iska/Hawaii (DoD-		
Lodging Destinations)	(GSA) or choose			Defense Travel) or		
	"Int'l" for int'l, AK, &		International Rates			
	<u>HI)</u>		<u>(St</u>	ate Dept)		
San Francisco, CA		79				

Enter Travel Details

- 1. Enter your lodging location for each day. You will only be able to select from locations you entered in the Per Diem section.
- 2. Enter the rate type. You will be able to select from First/Last Day Per Diem (75% of per diem rate), Full Per Diem, or no per diem (blank).
- 3. Enter notes if desired.
- 4. Enter travel date.
- 5. If taking a personal day, enter a **1** in the Personal Day field. Otherwise, leave it blank.

		Travel Details			
Location 1	Rate Type	Notes (optional)	M&IE Rates/Day based on Rate Type	Travel Date	Personal Day? Enter a "1"
Ban Francisco, CA	First/Last Day Per Dierr		\$59.25	8/5/2024	0
San Francisco, CA	Full Day Per Diem		\$79.00	8/6/2024	0
San Francisco, CA	First/Last Day Per Diem		\$59.25	4 81712024	5 0
			\$0.00		0

6. Enter a 1 for any meals that were provided at no cost to the traveler (provided by conference, etc.). The M&IE Total field will update automatically, subtracting the dollar amount for provided meals. If all three meals are entered as provided, the M&IE Total for the day will be \$5 for incidentals.

	Enter	All Provide	ed Meals	159.50	
	# Provided Breakfasts	# Provided Lunches	# Provided Dinners	M&IE Total	
	0	0	0	\$59.25	
I	1	1	0	\$41.00	
I	0	0	0	\$59.25	
I	0	0	0	\$0.00	
-					

- 7. Enter the Lodging total for each night, including tax.
- 8. Enter miles driven each day. The number of miles should be obtained from Google Maps.
- 9. Enter Business Expense, if applicable. The business expense will typically be a conference registration fee but can also include miscellaneous expenses such as parking. In the example, we will enter a \$10 parking fee for the first day.

0.00	600.00		379.09	0.0	0.00	10.00	\$1,148.59
Airfare*	Lodging*	ı	Miles*	Ground Transport*	Car Rental*	Business Expense*	Total Trip Expenses
7	300.00		282.9		9	10.00	\$558.79
	300.00						\$341.00
			282.9	8			\$248.79
							\$0.00

Advances & Payments

1. List any advances and payments the University made on your behalf in this section. (For example, anything paid for by the ASC's or PI's ProCard.) This amount will be deducted from your reimbursement. Please ensure the expenses are also included in the Travel Details as demonstrated below the advance type.

List all advances & payments the University made on your behalf here:							
charge Requests,	FIOCalu Fayments, Ca	Advances, Budget Reductions,	elc.				
Advance Type*	Advance \$Amt *	Advance Notes such as Charge Request Number & vendor. Lump all ProCard paymer together & tell us whose ProCard they were					
ProCard	10.00	Parking permit paid on my ProCard.					
TOTAL ADVANCES	\$10.00						

Ensure that this amount is <u>not</u> included in the amount due the traveler (cell X11)

			Amount D	\$1,138.59			
	TO	TALS:					
0	379.09	0.00	0.00		10.00	\$1,148.59	
	Miles*	Ground Transport*	Car Rental*	Business Expense*		Total Trip Expenses	
)	282.9				10.00	\$558.79	
)						\$341.00	

Charfields to be Charged and the Amount of Each

Enter the respective chartfield string for the correct respective department, grant or foundation account for which you are requesting reimbursement to be charged against.

Please ensure the amounts in your chart fields match the Amount Due to Traveler.

- a. Account codes:
 - i. Travel in state of California: 606001
 - ii. All other states or international: 606002

								-
	CHARTF	IELDS TO	BE CHARGE	D & THE AMOU	JNT TO EACH			
Fund	Dept	Account	Project	Program	Class	:	\$ Amount	
BK001	021170	616001					1,138.59	
								ſ
								P
	Travel in C	CA is 60600)1; all other trav	rel, use 606002	TOTAL	\$	1,138.59	
lf an amo	unt appears	in this box	, you've not all	ocated the amou	nt due correctly.		0.00	

Delivery Method

The delivery method indicates how the traveler wants to receive their reimbursement check. When an option is **not** selected, the form will default to mail. The form preparer can select to pick up the check (Payment Services will notify the traveler via email when the check is ready for pick at the Cashier's Office Window) or utilize the Electronic Funds Transfer (EFT) (this option is currently only available for BKCMP). Please have the traveler complete the <u>EFT Form</u> to enroll.

If selecting mail, please provide the traveler's home address in the **Payee's Home Address** Box below to ensure Payment Services sends the check to the correct location and avoid payment delays. If selecting pickup, please provide the pickup person's name and email address.

Mail check:

				\$0.00	
	REQUIRED: Delivery Method				
	Handling (Choose One):		Mail (default)		
NOTE: Addresses in the HR system do not feed into AP.					
Pickup Nam	e & email address:				
only fill in if you chose "pickup" handling above!					
	Pavee's Home Address (REQUIRED)				
	5565 State Street Bakersfield CA 90210				

Pickup:

				\$0.00	
	REQUIRED: Delivery Method				
	Handlir	ng (Choose One):	Pic	kup	
	NOTE: Addres	ses in the HR system ao not reed into AP.			
Pickup Name	e & email address:	Bethany Davis - er	nailaddress@c	sub.edu;	
only fill in if yo	ou chose "pickup" handling above!				
Payee's Home Address (REQUIRED)					

Notes: The notes section specifies any details related to the trip. These notes can assist Payment Services with a better understanding of what happened and when during the trip.

Enter dates and details. (*Example: 10/5/23 – Stayed at the conference hotel with dinner at Hodel's and mileage to a research lab that morning and evening*).

REQUIRED: Written detail of trip by day (attach a separate page if needed)

8/5/24 - paid for parking permit via ProCard.

Signatures & Approvals:

Once your Travel Claim Worksheet and backup documentation are complete, the preparer is now ready to add the needed approval signatures and route the report for approval signatures via Adobe Sign.

Signature definitions:

Payee (singer): Person requesting travel reimbursement

Preparer (signer): A person preparing Travel Claim Worksheet on someone's behalf

Reviewer (signer): Person reviewing the Travel Claim Worksheet (Budget Analyst, Dean, etc.)

Approver (signer): DOA who is approving the expense and reimbursement

Add your signature approvals – depending on your business unit (BU).

Signatures & Approvals							
Role	Name	Signature	Date	Role	Name	Signature	Date
Payee *				Approver #2			
Preparer				Approver #3			
Reviewer #1				Grant Analyst			
Reviewer #2				Dr. Sumaya (grants > \$3k)			
Approver *				AP/Pmt Svcs *			