

TRAVEL PLANNER

Traveler:

Dates of Travel:

EMPL ID:

Destination:

Vehicle License #:

Purpose of Trip:

CHECKLIST	ESTIMATED EXPENSES																																																
<p>Completed: (/; N/A)</p> <p><input type="checkbox"/> Department Approvals Chartstring:</p> <p><input type="checkbox"/> Online Requisitions - CMS http://www.csus.edu/cms/training/finance84/f84_online_training.stm</p> <p><input type="checkbox"/> Advance Check Request Date Needed: Date Received: Amount: Check #:</p> <p><input type="checkbox"/> Registration Deadline: Date mailed: Amount: Check #:</p> <p><input type="checkbox"/> Hotel Reservation Hotel Name/Address:</p> <p>Government/Regular Rate: Confirmation #:</p> <p><input type="checkbox"/> Transportation Reservations Airline: Government/Regular Fare: Confirmation # _____ Rental Car Agency: Government/Regular Rate: Reservation #: (over, for flight schedule)</p>	<p>Daily Reimbursable Expenses http://www.csus.edu/acpy/rem_travel.htm</p> <table border="0"> <tr> <td>Day 1 _____</td> <td>Day 4 _____</td> </tr> <tr> <td>Hotel \$ _____</td> <td>Hotel \$ _____</td> </tr> <tr> <td>** Meal Allow \$ _____</td> <td>Meal Allow \$ _____</td> </tr> <tr> <td>*** Incidentals \$ _____</td> <td>Incidentals \$ _____</td> </tr> <tr> <td>Total: \$ _____</td> <td>Total: \$ _____</td> </tr> <tr> <td>Day 2 _____</td> <td>Day 5 _____</td> </tr> <tr> <td>Hotel \$ _____</td> <td>Hotel \$ _____</td> </tr> <tr> <td>Meal Allow \$ _____</td> <td>Meal Allow \$ _____</td> </tr> <tr> <td>Incidentals \$ _____</td> <td>Incidentals \$ _____</td> </tr> <tr> <td>Total: \$ _____</td> <td>Total: \$ _____</td> </tr> <tr> <td>Day 3 _____</td> <td>Day 6 _____</td> </tr> <tr> <td>Hotel \$ _____</td> <td>Hotel \$ _____</td> </tr> <tr> <td>Meal Allow \$ _____</td> <td>Meal Allow \$ _____</td> </tr> <tr> <td>Incidentals \$ _____</td> <td>Incidentals \$ _____</td> </tr> <tr> <td>Total: \$ _____</td> <td>Total: \$ _____</td> </tr> </table> <p>Subtotal, Daily Expenses \$ _____</p> <p>Other Reimbursable Expenses</p> <table border="0"> <tr> <td>Registration</td> <td>\$ _____</td> </tr> <tr> <td>Airfare</td> <td>\$ _____</td> </tr> <tr> <td>Rental/State Car</td> <td>\$ _____</td> </tr> <tr> <td>Vehicle Mileage (@\$0.56/mi.x _____ mi./roundtrip)</td> <td>\$ _____</td> </tr> <tr> <td>Taxi/Shuttle/Bus</td> <td>\$ _____</td> </tr> <tr> <td>Parking</td> <td>\$ _____</td> </tr> <tr> <td>Miscellaneous _____</td> <td>\$ _____</td> </tr> <tr> <td>Subtotal, Other Reimbursable Expenses</td> <td>\$ _____</td> </tr> <tr> <td colspan="2">Total Estimated Expenses (encumber amount) : \$ _____</td> </tr> </table>	Day 1 _____	Day 4 _____	Hotel \$ _____	Hotel \$ _____	** Meal Allow \$ _____	Meal Allow \$ _____	*** Incidentals \$ _____	Incidentals \$ _____	Total: \$ _____	Total: \$ _____	Day 2 _____	Day 5 _____	Hotel \$ _____	Hotel \$ _____	Meal Allow \$ _____	Meal Allow \$ _____	Incidentals \$ _____	Incidentals \$ _____	Total: \$ _____	Total: \$ _____	Day 3 _____	Day 6 _____	Hotel \$ _____	Hotel \$ _____	Meal Allow \$ _____	Meal Allow \$ _____	Incidentals \$ _____	Incidentals \$ _____	Total: \$ _____	Total: \$ _____	Registration	\$ _____	Airfare	\$ _____	Rental/State Car	\$ _____	Vehicle Mileage (@\$0.56/mi.x _____ mi./roundtrip)	\$ _____	Taxi/Shuttle/Bus	\$ _____	Parking	\$ _____	Miscellaneous _____	\$ _____	Subtotal, Other Reimbursable Expenses	\$ _____	Total Estimated Expenses (encumber amount) : \$ _____	
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FLIGHT SCHEDULE

Departure Flight ☐ 1st class ☐ Coach ☐ Discount

City/State: _____ Date: _____

Depart from: _____ Flight #: _____ Time: _____

Arrive in: _____ Time: _____

Depart from: _____ Flight #: _____ Time: _____

Arrive in: _____ Time: _____

Return Flight ☐ 1st class ☐ Coach ☐ Discount

City/State: _____ Date: _____

Depart from: _____ Flight #: _____ Time: _____

Arrive in: _____ Time: _____

Depart from: _____ Flight #: _____ Time: _____

Arrive in: _____ Time: _____

REIMBURSEMENT INFORMATION

WHENEVER YOU TRAVEL, YOU MUST SUBMIT AN APPROVED TRAVEL EXPENSE CLAIM (STD 262) UPON YOUR RETURN. CLICK HERE FOR AN EXCEL VERSION OF THE TRAVEL EXPENSE CLAIM FORM: <http://www.csus.edu/aba/forms.htm>

IN ORDER TO BE REIMBURSED, YOU MUST SUBMIT ORIGINAL RECEIPTS WITH YOUR APPROVED EXPENSE CLAIM. SUBMIT APPROVED CLAIM FORMS AND RECEIPTS TO THE ACCOUNTS PAYABLE OFFICE, SEQUOIA HALL 311.

*Before an individual may be authorized to use a private vehicle on state business, an **Authorization to Use Privately Owned Vehicle On State Business form (STD 261)** must be completed each fiscal year and is retained on file by each department. The individual must certify in writing that the vehicle used will always be insured (see travel manual for details. <http://www.csus.edu/aba/forms.htm>)

****Less than 24 hrs:** Breakfast and/or dinner, provided the travel begins before 6 a.m. and/or ends after 7 p.m. (normal workday for CSUS staff is 8 a.m. to 5 p.m. Travel for less than 24 hrs may not claim lunch. **24 hrs or more:** an itemized receipt must substantiate any expense for \$25.00 or more. The traveler must leave before 6 a.m. in order to claim breakfast and before 7 p.m. in order to claim dinner.

*****A \$7.00 incidental allowance may be claimed for each completed 24 hr. period. For travel, which is the last fractional part of a period of travel of more than 24 hrs, the authorized allowance for meals or lodging will be paid. If the travel extends past 9 a.m., a breakfast may be claimed; if the travel extends past 2 p.m., a lunch may be claimed; if the travel extends past 7 p.m., a dinner may be claimed. If the travel extends overnight, lodging may be claimed for actual lodging expenses provided a receipt is submitted.**