

## TRAVEL EXPENSE WORKSHEET

**Claimant's Name:** \_\_\_\_\_ **Phone Number:** (      ) \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Attach travel itinerary and all receipts, including airfare, lodging, ground transportation, phone calls, and parking fees. Reproduced copies of receipts are not acceptable. Please complete the items below and sign this form at the "Claimant's Signature". Upon receipt, staff will complete the Travel Expense Claim (TEC) for your reimbursement based on the information you provide and will E-mail you the TEC. **Please print it, sign in blue ink and return to the address listed below.** Your reimbursement check will be sent to you in approximately 4 weeks.

### 1. Destination:

**To:** \_\_\_\_\_ **From:** \_\_\_\_\_ **Purpose of Trip:** \_\_\_\_\_  
**Departure Date:** \_\_\_\_\_ **Time:**      am pm **Return Date:** \_\_\_\_\_ **Time:**      am pm

### 2. Indicate Form of Payment:

- Airfare:**       Charged to State (Itinerary & Receipt required)  
                    N/A
- Lodging:**       Reimburse Me (Itemized Receipt with zero balance required)  
                    N/A
- Rental Car:**     Charged to State (Itemized Receipt required)  
                    Reimburse Me (Receipt & Proof of Payment required)  
                    N/A

### 3. Incidentals and Meals:

**Allowable Expenses for travel LESS than 24-hours:** (No lunch or incidentals may be claimed.)

**Breakfast:**      Trip must begin at or before 6 a.m. AND end at or after 9 a.m.      **\$6.00 Maximum**  
**Dinner:**        Trip must begin at or before 4 p.m. AND end at or after 7 p.m.      **\$18.00 Maximum**

**Reimbursement is allowable for actual expenses for MORE than 24-hours or fraction thereof up to the maximums listed below:**

**Breakfast:**      Trip must begin at or before 6 a.m. AND end at or after 9 a.m.      **\$6.00 Maximum**  
**Lunch:**         Trip must begin at or before 11 a.m. AND end at or after 2 p.m.      **\$10.00 Maximum**  
**Dinner:**        Trip must begin at or before 4 p.m. AND end at or after 7 p.m.      **\$18.00 Maximum**  
**Incidentals:**    Each full 24-Hour period.      **\$6.00 Maximum**

Date:					
<b>Breakfast:</b>	\$	\$	\$	\$	\$
<b>Lunch:</b>	\$	\$	\$	\$	\$
<b>Dinner:</b>	\$	\$	\$	\$	\$
<b>Incidentals:</b>	\$	\$	\$	\$	\$

**4. Ground Transportation, Business Expenses and Phone Calls**

Private Car, # of Miles @ \$.585/mile: \_\_\_\_\_ Vehicle License Plate #: \_\_\_\_\_

Parking: \$ \_\_\_\_\_ Bridge/Road Tolls: \$ \_\_\_\_\_ Taxi: \$ \_\_\_\_\_

Airport/Hotel Limo: \$ \_\_\_\_\_ Bus/Streetcar/Tram: \$ \_\_\_\_\_ Business Expense \$ \_\_\_\_\_

Describe Expense: \_\_\_\_\_

**Phone Calls** (Include amount, name of person called and phone number called):

Name:	Ph. #	\$
Name:	Ph. #	\$
Name:	Ph. #	\$

**If receipts are not attached or unusual expenses were incurred, please explain.**  
(Proof of Payment required; i.e. credit card bill, bank statement, front & back copy of cashed check)  
**(The State will only reimburse for allowable, actual expenditures.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature

**PLEASE E-MAIL, MAIL OR FAX COMPLETED FORM TO:**

California Student Aid Commission  
Program Policy & Development  
P.O. Box 419028  
Rancho Cordova, CA 95670  
Attn: Kristen Trimarche  
FAX (916) 464-8240  
E-mail: [KTrimarc@csac.ca.gov](mailto:KTrimarc@csac.ca.gov)

**(IF E-MAILING OR FAXING, INCLUDE ALL ORIGINAL RECEIPTS WITH YOUR TRAVEL EXPENSE CLAIM.)**