

THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE

P.O. BOX 320160. SAN FRANCISCO, CA 94132-0160

TRAVEL CLAIM & EXPENSE REPORT SETTLEMENT OF TRAVEL ADVANCES

DC# _____

CHARTFIELD: ACCOUNT - FUND - DEPT ID - PROJECT (Grants/Contracts only)

Date: _____

FUND # _____ PROJECT CONTACT _____ PROJECT PHONE # _____ CHECK DISTRIBUTION: Mail to payee's address _____ Hold/Call for pickup _____ ph # _____	<p style="text-align: center;">-----</p> <p style="text-align: center;">MAKE CHECK PAYABLE TO:</p> TRAVELER'S NAME: (Last, First, MI) _____ ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____ Legal resident of the United States? Yes _____ No _____ Immigration Status: _____ Passport #: _____
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LOCATION AND PURPOSE OF TRIP: _____

Please note : a copy of the traveler's authorization of Travel must be attached to the claim.

	Date mm/dd/yyyy	Time hh:mm	Lodging	PerDiem (every 24 hr period)	Train, Airfare, Bus, etc	Taxi, Shuttle, Parking	Private Auto		Reg. Fees & Other Bus. Expense	Total
							Miles	Amount		
Day 1										
Day 2										
Day 3										
Day 4										
Day 5										
Day 6										
Day 7										
Day 8										
Day 9										
Day 10										
Totals										

* Attach itemized list, receipts and explanation

Note: Original receipt(s) required for all items \$25 or greater, except for Per Diem.

I hereby certify that the above is true statement of the travel expenses incurred in accordance with applicable UCorp policy, All items shown here are for legitimate business purposes and are properly reimbursable from the project charged. Furthermore, I have not received payment nor will seek duplicate reimbursement for the above travel expense from SFSU or any other sources.

Grand Total	
Less Advance/ DC #	
Balance Due to Traveler: OR	
Balance Due to UCorp:	

AUTHORIZED SIGNATURE _____ DATE _____ CLAIMANT'S SIGNATURE _____ DATE _____

ACCOUNTING USE ONLY

Vendor: _____	Acct: _____	Inv Nbr: _____
Inv Date: _____	Inv Amt: _____	Rept Amt: _____
Dup Inv: _____	Spec Msg: _____	

Date Received By UCorp	Approved For Allowability By: _____ Date: _____	Date Received BY A/P Dept	A/Processing By: _____ Date: _____ Voucher # _____
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