

SAN DIEGO STATE ATHLETICS DEPARTMENT

TRAVEL EXPENSE CLAIM - STATE OF CALIFORNIA

STD. 262 (REV SDSU. 7-08)

Page

of

Claimant's Name	Position/Title	Department/Sport	Mail Code
------------------------	-----------------------	-------------------------	------------------

Headquarters Address SDSU 5500 Campanile Dr San Diego, CA 92182	Telephone Number
---------------------------------------------------------------------------	-------------------------

Note: All travel checks are mailed to the home address in HR PeopleSoft.

Purpose of Trip/Location (If team travel, opponent's name; if recruiting, state full names of prospects, city and school. Indicate if: <u>contact</u> <u>no contact</u> <u>evaluation</u>)

#VALUE!		Expenses						Transportation					
Date	Time	Lodging	Breakfast	Lunch	Dinner	Incidentals	Miscellaneous	Transportation	Carfare, Tolls, Parking	Auto Travel Mileage	Registration or Entry Fee	Total Expenses For Day	
										Miles	\$ Amount		
												\$0.00	
												\$0.00	
												\$0.00	
												\$0.00	
												\$0.00	
												\$0.00	
												\$0.00	
												\$0.00	
Expenses - Subtotal		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Advance Payments

<p>Important: Indicate all advance payments made that were associated with this trip/travel.</p>	<p>Previously Paid Advance \$</p>
	<p>Claim Total \$0.00</p>

Explanation of Miscellaneous Expenses Shown Above. Attach additional sheet if necessary.

Date	Place	Amount	Purpose/Guests/Business Relationship

Schools Visited

Name of Recruit

I hereby certify, That the above is a true statement of the travel expenses incurred by me in accordance with Department of Personnel Administration rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. I certify that the above meal expenses are either actual or no more than the actual (total may not exceed daily per-diem allowance), and that no claim has been made for meals provided as part of team travel or as part of a registration fee.

Claimant's Signature:	Date	Supervisor:	Date
Preparer (Please print)	Phone	Date	Compliance Office:
			Date
Business Office Approval:	Date	Audited by:	Date

CA \$ Amt _____	Total Exp Amt _____	Deposit Amount \$ _____	Cash Recpt # _____	Check # _____
Amount _____	Invoice # _____	Check Date _____	Reimburse _____	