CAL POLY CORPORATION
SAN LUIS OBISPO
Serving Cal Poly Since 1940

TRAVEL EXPENSE CLAIM

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See Hospitality Guidelines | See Travel Guidelines | See Accountable Plan

CLAIMANT'S NAME ☐ Faculty ☐ Staff ☐ Student	DEPARTMENT PHONE
RESIDENCE ADDRESS	PURPOSE OF TRIP
CITY & STATE ZIP	DESTINATION (City & State)
DEPARTURE DATE & TIME RETURN DATE & TIME	ORG KEY / OBJECT CODE

*** ATTACH ORIGINAL RECEIPTS ***

METHOD OF TRAVEL: Air, Bus, Train, etc:								
PRIVATE AUTO LICENSE #		TOTAL MILES:		at	$ 0.500	per mile	$	-
LODGING (room rate & related taxes only):								

CLAIM ACTUAL EXPENSES-(no more than maximum allowances)-see below for EXCEPTIONS

Hosting, business meeting meal, if paid for others' meals/incidentals-OK if over maximums- **receipts & justification required**

	DATE	BREAKFAST $10.00	LUNCH $15.00	DINNER $25.00	INCIDENTALS $5.00	
1					//////////////////////////	$ -
2						$ -
3						$ -
4						$ -
5						$ -
6						$ -

OTHER - Car Rental, Internet, Parking, Phone, Registration, Taxi, etc:		
Comments:	TOTAL CLAIM:	$ -
	Less Advances:	
	BALANCE DUE OR REFUND*	$ -
	Check payable to Cal Poly Corporation	

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me and that all items shown were for official business only. Additionally, I certify that the expenses claimed have not been reimbursed from any other source.

SIGNATURE OF CLAIMANT:	DATE:

DEPT APPROVAL PRINTED NAME:	DEPT APPROVAL SIGNATURE:	DATE:

CPC MANAGEMENT:	DATE:

PEID No.	FOR CPC BUSINESS OFFICE USE ONLY	
Org Key / Object Code	Amount	Reference / Invoice #
		Notes/Remarks:
Total		

Please complete Check Distribution requirements >>>>>>>

CHECK DISTRIBUTION:

DO NOT MAIL: ☐

CALL Name _____ Ext: _____

MAIL:

☐ To address shown

☐ Other:

Revised 01/01/10