

## **Travel Expense Claim**

	IF REVISION, CHE	CK HERE 🔲
Document #	Page	of

Financial Services	http://finance.fullerton.edu	
Instructions: https:	//adminfin.fullerton.edu/finance/ap_travel/services/travel/	CWID (or Vendor Data Record Form)

Claimant's First Name				Cla	Claimant's Last Name							Department					
Residence Address				Pre	Preparer's Name Preparer's Email Address												
City		State		CSU	J Camp	ous Name											
Please Check as Appropriate  If address has changed If name has changed				Headquarters Address							City		S	tate Zip	Code		
(1)Month/Year (4)				(5) (6) Claimant's Meals (7)						(8)	Transportati	•	(9)	(10)			
Location								(A)	(B)	(C) (D)		)	Business				
(2) Day	(3) Where Expenses Time Were Incurred		Loc	dging	Breakfast	Lunch	Dinner	Incidentals	Cost of Type Trans. Used		Parking, Toll	Private Ve Miles	hicle Use Amount		Expenses For Day		
	+																
(11) Trav	el Claim To	tal															
(12A) Am	ount Exce	eds Authorized	Amount														
(12B) Exp	enses Paic	By University															
(12C) Exp	enses Paic	By Auxiliary															
(13) Tota	l Reimburs	ement To Clain	nant														
(13) Tota	l Reimburs		nant 1) CHARTFIELI	) (Reimbu	rsemen	t to Claiman	it)				TRANS. / T	YPE USED		(15) MIL	EAGE CLAI	MED	
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