TRAVEL

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- CALTRANS TRAVEL GUIDE REFERENCE

TRAVEL REQUEST

STATE OF CALIFORNIA
Business, Transportation and Housing Agency

TO: _____ DATE: _____

FILE: _____

CONTRACT: _____

FROM: _____ TASK ORDER: _____

The above consultant hereby requests State's Contract Manager's approval for travel, as described below.

Employee Name: _____

Home Office Location: _____

Mode of Transportation: _____

Period of Travel:

Leaving: _____ Returning: _____
(Please include time)

Period of Assignment:

Start: _____ Finish: _____
(Please include time)

Description/Purpose of Assignment:

_____

_____

_____

_____

DATE: _____

APPROVAL: _____
STATE CONTRACT MANAGER

Remark:

_____

_____

_____

_____

NOTE: THE APPROVED TRAVEL FORM SHALL BE INCLUDED WITH YOUR INVOICE.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TRAVEL EXPENSE CLAIM

FA-0302 (REV 2/2014) Front CT #7541-0620-9

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

See Instructions On Reverse Side

CLAIMANT'S NAME *(First, Mi, Last)*		CALTRANS EMPLOYEE ID NUMBER	CONTACT PHONE NUMBER
POSITION TITLE	B.U./M.D.	4-DIGIT UNIT # (Where check to be sent)	ALTERNATE PHONE NUMBER
CLAIMANT'S HOME ADDRESS		HEADQUARTERS ADDRESS	M.S.
CITY	STATE / ZIP CODE	CITY	STATE: CA / ZIP CODE

(1) MONTH/YEAR		(3) LOCATION Where Expenses Were Incurred	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2) DATE	TIME		LODGING	BREAK-FAST	LUNCH	O.T., L/T. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) .56 PRIVATE CAR USE MILES	(D) .56 PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE (Box 18)	TOTAL EXPENSE FOR DAY
(10)		SUBTOTALS												0.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

Claim Total $ 0.00

(12) NORMAL WORK HOURS	COST CODING									
	UNIT	PROJECT	PHASE	REPORTING	OBJECT	SUB-OBJECT	AMOUNT	FY	ACTIVITY	SUB-ACTIVITY
(13) WORK SCHEDULE										
(14) PRIVATE VEHICLE LICENSE #										
(15) MILEAGE RATE CLAIMED .56										

Apply to Travel Advance (TA) _____ (12 digit document #) and/or check # _____

I HEREBY CERTIFY that the above line is a true statement of the travel expenses incurred by me in accordance with CalHR 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.

(16) CLAIMANT'S SIGNATURE		DATE
(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	PRINT NAME	DATE
(18) SIGNATURE AND TITLE OF AUTHORITY FOR BUSINESS EXPENSES EXCEEDING $25.00	PRINT NAME	DATE

NOTE: ORIGINAL TEC AND RECEIPTS PLUS ONE COPY MUST BE SENT TO ACCOUNTING

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TRAVEL EXPENSE CLAIM

FA-0302 (REV 2/2014) Back CT # 7541-0620-9

INSTRUCTIONS

Expense accounts are to be submitted **in ink**, at least once a month and not more than twice a month, except where the amount claimed is less than $10, the claim need not be submitted until it exceeds $10 or until June 30, whichever occurs first. Travel expense claims for $10 or more are due by the end of the month, following the month in which the travel expense was incurred. Late expense claims for $10 or more will be paid as workload permits. All travel expenses incurred prior to May 31st of any year are due by June 30th of that year. Travel expense claims filed after these deadlines will only be paid on an exception basis depending on individual circumstances. Claims for less than $1 will not be paid.

Separate travel expense claims must be filed for travel expenses incurred in different fiscal years (example: June & July). This also applies to out-of-state travel expense and relocation expense claims. Expense claim assignments involving short-term and long-term per diem must be included on the same claim.

Original and one copy of all vouchers, which are required in support of various items of expense, will be arranged in chronological order, stapled to an 8 1/2" x 11" piece of paper and attached to the claim. Each voucher must show the date and nature of the expense.

Represented employees must include their bargaining unit number. Non-represented employees are to show "M" for Management, "S" for Supervisory, "C" for Confidential, or "E" for Exempt.

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MULTIPLE PAGES—If your claim is more than one page, indicate page number and total number of pages. DO NOT total each page. Use subtotals and enter the total amount of the claim on the last page of the claim in the space for "CLAIM TOTAL."

COLUMN ENTRIES

(1) MONTH/YEAR - Enter numerical designation of month and last two digits of the year in which the first expenses shown on the form were incurred.

(2) DATE/TIME - Enter date and time of departure on the appropriate line using twenty-four-hour-clock (example: 1700=5:00 P.M.). Show time of departure on date of departure and show time of return on date of return. If departure and return are on the same date, enter departure time above and return time below on the same line. Where the first date shown is a continuation of trip, enter "Continuing" above that date, and where a trip is continuing beyond the last date shown, write "Continuing" after the last date.

(3) LOCATIONS WHERE EXPENSES WERE INCURRED - Enter the name of the city, town, or location where expenses were incurred. Abbreviation may be used.

(4) LODGING - Enter the actual cost of the lodging, not to exceed the maximum amount authorized by current Department of Human Resources (CalHR) regulations and bargaining agreements. Refer to the Department Travel Guide for receipt requirements.

(5) MEALS - Enter the actual cost of each meal not to exceed the maximum amount for each meal as authorized by current CalHR regulations, bargaining agreements and detailed in SAM Sections 0761 and 0763. Dinner column is to be used to claim dinner on regular travel, overtime meals, and long term, noncommercial, and relocation daily meal expenses.

OVERTIME MEAL AND BUSINESS RELATED MEAL - Enter the actual cost of the meal, not to exceed the maximum amount authorized by current CalHR regulations and beginning agreements. Refer to CalHR Management Memos for receipt requirements.

(6) INCIDENTALS - Enter the total actual cost of incidentals, not to exceed the maximum amount authorized by current CalHR regulations and agreements.

(7) TRANSPORTATION - Purchase the least expensive route-trip or special rate ticket available, otherwise the difference will be deducted from the claim. If you travel between the same points without using round-trip tickets, an explanation should be given.

(A) COST OF TRANSPORTATION - Enter the cost of cash purchase of transportation. If transportation was paid directly by the State, enter zero (0). Attach all passenger coupons and ticket order stubs, including the unused portion of tickets, other credit document or premiums, where credits or refunds are due to the State.

(B) TYPE OF TRANSPORTATION USED - Enter method of transportation used. Use "R" for railway, "B" for bus, airport, light rail, or BART, "A" for scheduled commercial airline. "RA" for rental aircraft, "DA" for department-owned aircraft, "PA" for privately owned aircraft, "PC" for privately owned car, truck or other privately owned vehicles, "SV" for specially equipped vehicle for the handicapped, "SC" for State vehicles, "RC" for rental vehicles, "T" for taxi, "IL" for airfare in lieu, and "BI" for bicycle. Supervisors shall not authorize the use of motorcycles on official State business, and no reimbursement will be allowed for motorcycles.

(C) CARFARE, TOLL, AND PARKING - Enter carfare, bridge tolls, and parking charges. Use "B" for Bus, "L" for limousine, "T" for Tolls, and "P" for parking. Refer to the Department Travel Guide for Receipt requirements.

(D) PRIVATE CAR USE - Enter number of miles traveled and amount due for mileage for the use of privately owned automobiles as authorized by current agreements, CalHR Regulations, and detailed in SAM Section 0754.

(8) BUSINESS EXPENSE - Claims for phone calls must include the place and party called. Emergency purchases of equipment, clothing, or supplies require receipts and an explanation. Refer to the Department Travel Guide for specific requirements.

(9) ENTER TOTAL EXPENSES FOR DAY

(10) ENTER SUBTOTALS OR TOTALS

(11) PURPOSE OF TRIP. REMARKS OR DETAILS - Explain need for travel and any unusual expenses. Enter detail or explanation of items in other columns, if necessary. Vouchers must be provided for any miscellaneous item of expense.

(12) NORMAL WORK HOURS - Enter your beginning and ending normal work hours using twenty-four-hour clock (example: 0800=8:00 a.m.).

(13) WORK SCHEDULE - Enter alternate work schedule if applicable. Examples: "9/80 Fri A, 9/80 Mon B, 4/10, 4/40 Mon, 4/40 Wed, etc...

(14) PRIVATE VEHICLE LICENSE NUMBER - Enter license number of the privately owned vehicle used on official State business. To claim reimbursement, you must have met the requirements as prescribed by SAM Sections 0751, 0752, and 0753 pertaining to operator requirements, vehicle safety, seat belt usage, and authorization.

(15) MILEAGE RATE CLAIMED - Enter the rate of reimbursement being claimed for private vehicle use. Refer to the Department Travel Guide for current reimbursement rates.

(16) CLAIMANTS CERTIFICATION AND SIGNATURE - Your signature certifies that expenses claimed were actually incurred and that the cost of operating your privately owned vehicle is at or above the rate claimed.

(17) SIGNATURE OF OFFICER APPROVING PAYMENT - Certifies and authorizes travel; approves expenses as incurred on State business.

(18) SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES - When a claim for conference or convention expense under Section 599.635 of the CalHR regulations and detailed in SAM Section 0724 is included, or when reimbursement of a business expense exceeds $25.00 or where reimbursement for Bar dues or license fees is included, the signature of the approving office is required, either on a separate document attached to this claim or by signature in this block.

For Travel Expense Claim (TEC) information, please call the Travel Information line at (916)227-9061.

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 654-6410, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2010) Front CT #7541-0620-9

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See Instructions On Reverse Side

CLAIMANT'S NAME *(First, Mi, Last)*		CALTRANS EMPLOYEE ID NUMBER	CONTACT PHONE NUMBER
Cal Trans		S999999	(916) 123-4567
POSITION TITLE	B.U./M.D.	UNIT *(where check to be sent)*	ALTERNATE PHONE NUMBER
Transportation Engineer	9	3664	
CLAIMANT'S HOME ADDRESS		HEADQUARTERS ADDRESS	M.S.
111 Broadway		1820 Alhambra Blvd.	25
CITY / STATE / ZIP CODE		CITY / STATE / ZIP CODE	
Sacramento / CA / 91234-5678		Sacramento / CA / 95816-8018	

(1) MONTH/YEAR 07/2011		(3) LOCATION	(4)	(5) MEALS			(6)	(7) TRANSPORTATION						(8)	(9)
(2) DATE	TIME	Where Expenses Were Incurred	LODGING	BREAK-FAST	LUNCH	O.T., L/T. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING		(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE (Box 18)	TOTAL EXPENSE FOR DAY
10	0900	Sacramento to Los Angeles						0.00	A						
		Sacramento							PC	P	18.00	20	10.00		28.00
		Los Angeles	110.00	6.00	10.00	18.00									144.00
11	1900	Los Angeles to Sacramento		6.00	10.00	18.00	6.00	15.00	PC	P	10.00	20	10.00		75.00
(10)		SUBTOTALS	110.00	12.00	20.00	36.00	6.00	15.00			28.00		20.00		247.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

7/10 - 7/11, training in Los Angeles. 7/11 gas for rental car, air and car billed directly to the department.

Claim Total $ 247.00

(12) NORMAL WORK HOURS: 7:00 - 16:00

(13) WORK SCHEDULE: 9/80 Friday B

(14) PRIVATE VEHICLE LICENSE #: 4CAL123

(15) MILEAGE RATE CLAIMED: .50

COST CODING

UNIT	PROJECT	PHASE	REPORTING	OBJECT	SUB-OBJECT	AMOUNT	FY	ACTIVITY	SUB-ACTIVITY
3664	0000000853	N		020		$184.00	11	F80	01
3664	0000000853	N		010		$20.00	11	F80	01
3664	0000000853	N		001		$43.00	11	F80	01

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(16) CLAIMANT'S SIGNATURE		DATE
(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	PRINT NAME	DATE
(18) SIGNATURE AND TITLE OF AUTHORITY FOR BUSINESS EXPENSES EXCEEDING $25.00	PRINT NAME	DATE

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2010) Back CT # 7541-0620-9

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(3) LOCATIONS WHERE EXPENSES WERE INCURRED - Enter the name of the city, town, or location where expenses were incurred. Abbreviation may be used.

(4) LODGING - Enter the actual cost of the lodging not to exceed the maximum amount authorized by current Department of Personnel Administration (DPA) regulations, and bargaining agreements. Refer to the Department Travel Guide for Receipt requirements.

(5) MEALS - Enter the actual cost of each meal not to exceed the maximum amount for each meal as authorized by current DPA regulations, bargaining agreements and detailed in SAM Sections 0761 and 0763. Dinner column is to be used to claim dinner on regular travel, overtime meals, and long term, noncommercial and relocation daily meal expenses.

OVERTIME MEAL AND BUSINESS RELATED MEAL - Enter the actual cost of the meal not to exceed the maximum amount authorized by current DPA regulations, and beginning agreements. Refer to DPA Management Memos for receipt requirements.

(6) INCIDENTALS - Enter the total actual cost of incidentals not to exceed the maximum amount authorized by current DPA regulations and agreements.

(7) TRANSPORTATION - Purchase the least expensive route-trip or special rate ticket available, otherwise the difference will be deducted from the claim. If you travel between the same points without using round-trip tickets, an explanation should be given.

(A) COST OF TRANSPORTATION - Enter the cost of cash purchase of transportation. If transportation was paid directly by the State, enter zero (0.) Attach all passenger coupons and ticket order stubs, including the unused portion of tickets, other credit document or premiums, where credits or refunds are due to the State.

(B) TYPE OF TRANSPORTATION USED - Enter method of transportation used. Use "R" for railway, "B" for bus, airporter, light rail, or BART, "A" for scheduled commercial airline. "RA" for rental aircraft, "DA" for department-owned aircraft, "PA" for privately owned aircraft, "PC" for privately owned car, truck or other privately owned vehicles, "SV" for specially equipped vehicle for the handicapped, "SC" for State vehicles, "RC" for rental vehicles, "T" for taxi, "IL" for airfare in lieu, and "BI" for bicycle. Supervisors shall not authorize the use of motorcycles on official State business, and no reimbursement will be allowed for motorcycles.

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(9) ENTER TOTAL EXPENSES FOR DAY

(10) ENTER SUBTOTALS OR TOTALS

(11) PURPOSE OF TRIP. REMARKS OR DETAILS - Explain need for travel and any unusual expenses. Enter detail or explanation of items in other columns, if necessary. Vouchers must be provided for any miscellaneous item of expense.

(12) NORMAL WORK HOURS - Enter your beginning and ending normal work hours using twenty-four-hour clock (example: 0800=8:00 a.m.).

(13) WORK SCHEDULE - Enter alternate work schedule if applicable. Examples: "9/80 Fri A, 9/80 Mon B, 4/10, 4/40 Mon, 4/40 Wed, etc...

(14) PRIVATE VEHICLE LICENSE NUMBER - Enter license number of the privately owned vehicle used on official State business. To claim reimbursement, you must have met the requirements as prescribed by SAM Sections 0751, 0752, and 0753 pertaining to operator requirements, vehicle safety, seat belt usage and authorization.

(15) MILEAGE RATE CLAIMED - Enter the rate of reimbursement being claimed for private vehicle use. Refer to the Department Travel Guide for current reimbursement rates.

(16) CLAIMANTS CERTIFICATION AND SIGNATURE - Your signature certifies that expenses claimed were actually incurred and that the cost of operating your privately owned vehicle is at or above the rate claimed.

(17) SIGNATURE OF OFFICER APPROVING PAYMENT - Certifies and authorizes travel; approves expenses as incurred on State business.

(18) SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES - When a claim for conference or convention expense under Section 599.635 of the DPA regulations and detailed in SAM Section 0724 is included, or when reimbursement of a business expense exceeds $25.00 or where reimbursement for Bar dues or license fees is included, the signature of the approving office is required, either on a separate document attached to this claim or by signature in this block.

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2010) Front CT #7541-0620-9

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CLAIMANT'S NAME *(First, Mi, Last)*		CALTRANS EMPLOYEE ID NUMBER	CONTACT PHONE NUMBER
Cal Trans		S999999	(916) 123-4567
POSITION TITLE	B.U./M.D.	UNIT *(where check to be sent)*	ALTERNATE PHONE NUMBER
Transportation Engineer	9	3664	
CLAIMANT'S HOME ADDRESS		HEADQUARTERS ADDRESS	M.S.
111 Broadway		1820 Alhambra Blvd.	25
CITY / STATE / ZIP CODE		CITY / STATE / ZIP CODE	
Sacramento / CA / 91234-5678		Sacramento / CA / 95816-8018	

(1) MONTH/YEAR 07/2011		(3) LOCATION	(4)	(5) MEALS			(6)	(7) TRANSPORTATION				(8)	(9)
(2) DATE	TIME	Where Expenses Were Incurred	LODGING	BREAK-FAST	LUNCH	O.T., L/T. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE (Box 18)	TOTAL EXPENSE FOR DAY
6	cont -	LTA Rent Sacramento to Barstow	24.00			24.00					15	7.50		55.50
7		Barstow	24.00			24.00					20	10.00		58.00
8		Barstow	24.00			24.00					25	12.50		60.50
9	1600	Barstow to Sacramento	12.00			12.00					150	75.00		99.00
12	0500	Sacramento to Barstow	24.00			24.00					150	75.00		123.00
13		Barstow	24.00			24.00					15	7.50		55.50
14		Barstow	24.00			24.00					15	7.50		55.50
15		Barstow	24.00			24.00					25	12.50		60.50
16	1600	Barstow to Sacramento	12.00			12.00					150	75.00		99.00
(10)		SUBTOTALS	192.00			192.00						282.50		666.50

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

LTA Daily Rate (24-24) Option

Claim Total $ 666.50

(12) NORMAL WORK HOURS	COST CODING									
7:00 - 16:00	UNIT	PROJECT	PHASE	REPORTING	OBJECT	SUB-OBJECT	AMOUNT	FY	ACTIVITY	SUB-ACTIVITY
(13) WORK SCHEDULE	3664	0000000853	N		020		$384.00	11		
9/80 Friday B	3664	0000000853	N		010		$282.50	11		
(14) PRIVATE VEHICLE LICENSE #										
4CAL123										
(15) MILEAGE RATE CLAIMED										
.50										

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(16) CLAIMANT'S SIGNATURE		DATE
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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2010) Back CT # 7541-0620-9

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COLUMN ENTRIES

(1) MONTH/YEAR - Enter numerical designation of month and last two digits of the year in which the first expenses shown on the form were incurred.

(2) DATE/TIME - Enter date and time of departure on the appropriate line using twenty-four-hour-clock (example: 1700=5:00 P.M.). Show time of departure on date of departure, show time of return on date of return. If departure and return are on the same date, enter departure time above and return time below on the same line. Where the first date shown is a continuation of trip, enter "Continuing" above that date, and where a trip is continuing beyond the last date shown, write "Continuing" after the last date.

(3) LOCATIONS WHERE EXPENSES WERE INCURRED - Enter the name of the city, town, or location where expenses were incurred. Abbreviation may be used.

(4) LODGING - Enter the actual cost of the lodging not to exceed the maximum amount authorized by current Department of Personnel Administration (DPA) regulations, and bargaining agreements. Refer to the Department Travel Guide for Receipt requirements.

(5) MEALS - Enter the actual cost of each meal not to exceed the maximum amount for each meal as authorized by current DPA regulations, bargaining agreements and detailed in SAM Sections 0761 and 0763. Dinner column is to be used to claim dinner on regular travel, overtime meals, and long term, noncommercial and relocation daily meal expenses.

OVERTIME MEAL AND BUSINESS RELATED MEAL - Enter the actual cost of the meal not to exceed the maximum amount authorized by current DPA regulations, and beginning agreements. Refer to DPA Management Memos for receipt requirements.

(6) INCIDENTALS - Enter the total actual cost of incidentals not to exceed the maximum amount authorized by current DPA regulations and agreements.

(7) TRANSPORTATION - Purchase the least expensive route-trip or special rate ticket available, otherwise the difference will be deducted from the claim. If you travel between the same points without using round-trip tickets, an explanation should be given.

(A) COST OF TRANSPORTATION - Enter the cost of cash purchase of transportation. If transportation was paid directly by the State, enter zero (0.) Attach all passenger coupons and ticket order stubs, including the unused portion of tickets, other credit document or premiums, where credits or refunds are due to the State.

(B) TYPE OF TRANSPORTATION USED - Enter method of transportation used. Use "R" for railway, "B" for bus, airporter, light rail, or BART, "A" for scheduled commercial airline. "RA" for rental aircraft, "DA" for department-owned aircraft, "PA" for privately owned aircraft, "PC" for privately owned car, truck or other privately owned vehicles, "SV" for specially equipped vehicle for the handicapped, "SC" for State vehicles, "RC" for rental vehicles, "T" for taxi, "IL" for airfare in lieu, and "BI" for bicycle. Supervisors shall not authorize the use of motorcycles on official State business, and no reimbursement will be allowed for motorcycles.

(C) CARFARE, TOLL, AND PARKING - Enter carfare, bridge tolls, and parking charges. Use "B" for Bus, "L" for limousine, "T" for Tolls, and "P" for parking. Refer to the Department Travel Guide for Receipt requirements.

(D) PRIVATE CAR USE - Enter number of miles traveled and amount due for mileage for the use of privately owned automobiles as authorized by current agreements, DPA Regulations, and detailed in SAM Section 0754.

(8) BUSINESS EXPENSE - Claims for phone calls must include the place and party called. Emergency purchases of equipment, clothing or supplies require receipts and an explanation. Refer to the Department Travel Guide for specific requirements.

(9) ENTER TOTAL EXPENSES FOR DAY

(10) ENTER SUBTOTALS OR TOTALS

(11) PURPOSE OF TRIP. REMARKS OR DETAILS - Explain need for travel and any unusual expenses. Enter detail or explanation of items in other columns, if necessary. Vouchers must be provided for any miscellaneous item of expense.

(12) NORMAL WORK HOURS - Enter your beginning and ending normal work hours using twenty-four-hour clock (example: 0800=8:00 a.m.).

(13) WORK SCHEDULE - Enter alternate work schedule if applicable. Examples: "9/80 Fri A, 9/80 Mon B, 4/10, 4/40 Mon, 4/40 Wed, etc...

(14) PRIVATE VEHICLE LICENSE NUMBER - Enter license number of the privately owned vehicle used on official State business. To claim reimbursement, you must have met the requirements as prescribed by SAM Sections 0751, 0752, and 0753 pertaining to operator requirements, vehicle safety, seat belt usage and authorization.

(15) MILEAGE RATE CLAIMED - Enter the rate of reimbursement being claimed for private vehicle use. Refer to the Department Travel Guide for current reimbursement rates.

(16) CLAIMANTS CERTIFICATION AND SIGNATURE - Your signature certifies that expenses claimed were actually incurred and that the cost of operating your privately owned vehicle is at or above the rate claimed.

(17) SIGNATURE OF OFFICER APPROVING PAYMENT - Certifies and authorizes travel; approves expenses as incurred on State business.

(18) SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES - When a claim for conference or convention expense under Section 599.635 of the DPA regulations and detailed in SAM Section 0724 is included, or when reimbursement of a business expense exceeds $25.00 or where reimbursement for Bar dues or license fees is included, the signature of the approving office is required, either on a separate document attached to this claim or by signature in this block.

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2010) Front CT #7541-0620-9

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

See Instructions On Reverse Side

CLAIMANT'S NAME *(First, Mi, Last)*		CALTRANS EMPLOYEE ID NUMBER	CONTACT PHONE NUMBER
Cal Trans		S999999	(916) 123-4567
POSITION TITLE	B.U./M.D.	UNIT *(where check to be sent)*	ALTERNATE PHONE NUMBER
Transportation Engineer	9	3664	
CLAIMANT'S HOME ADDRESS		HEADQUARTERS ADDRESS	M.S.
111 Broadway		1820 Alhambra Blvd.	25
CITY / STATE / ZIP CODE		CITY / STATE / ZIP CODE	
Sacramento / CA / 91234-5678		Sacramento / CA / 95816-8018	

(1) MONTH/YEAR 07/2011		(3) LOCATION	(4)	(5) MEALS			(6)	(7) TRANSPORTATION				(8)	(9)
(2) DATE	TIME	Where Expenses Were Incurred	LODGING	BREAK-FAST	LUNCH	O.T., L/T. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE (Box 18)	TOTAL EXPENSE FOR DAY
1		LTA Rent	1000.00											1,000.00
		Utilities $150 ($1130 - $1000 = $130)	130.00											130.00
		Redding				10.00					15	7.50		17.50
2		Redding				10.00					25	12.50		22.50
3		Redding				10.00					90	45.00		55.00
(10)		SUBTOTALS	1130.00			30.00						65.00		1,225.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

LTA Rent Utility Option (1130 method)

Claim Total $ 1,225.00

(12) NORMAL WORK HOURS	COST CODING									
7:00 - 16:00	UNIT	PROJECT	PHASE	REPORTING	OBJECT	SUB-OBJECT	AMOUNT	FY	ACTIVITY	SUB-ACTIVITY
(13) WORK SCHEDULE	3664	0000000853	N		020		$1,160.00	11		
9/80 Friday B	3664	0000000853	N		010		$65.00	11		
(14) PRIVATE VEHICLE LICENSE #										
4CAL123										
(15) MILEAGE RATE CLAIMED										
.50	Apply to Travel Advance (TA) _____ (12 digit document #) and/or check #									

I HEREBY CERTIFY that the above line is a true statement of the travel expenses incurred by me in accordance with DPA 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.

(16) CLAIMANT'S SIGNATURE		DATE
(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	PRINT NAME	DATE
(18) SIGNATURE AND TITLE OF AUTHORITY FOR BUSINESS EXPENSES EXCEEDING $25.00	PRINT NAME	DATE

NOTE: ORIGINAL TEC AND RECEIPTS PLUS ONE COPY MUST BE SENT TO ACCOUNTING

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2010) Back CT # 7541-0620-9

INSTRUCTIONS

Expense accounts are to be submitted **in ink**, at least once a month and not more than twice a month, except where the amount claimed is less than $10, the claim need not be submitted until it exceeds $10 or until June 30, whichever occurs first. Travel expense claims for $10 or more are due by the end of the month following the month in which the travel expense was incurred. Late expense claims for $10 or more will be paid as workload permits. All travel expenses incurred prior to May 31 of any year are due by June 30 of that year. Travel expense claims filed after these deadlines will only be paid on an exception basis depending on individual circumstances. Claims for less than $1 will not be paid.

Separate travel expense claims must be filed for travel expenses incurred in different fiscal years (example: June & July). This also applies to out-of-state travel expense and relocation expense claims. Expense claim assignments involving short-term and long-term per diem must be included on the same claim.

Original and one copy of all vouchers, which are required in support of various items of expense, will be arranged in chronological order, stapled to an 8 1/2" piece of paper and attached to the claim. Each voucher must show the date and nature of the expense.

Represented employees must include their bargaining unit number. Non-represented employees are to show "M" for Management, "S" for Supervisory, "C" for Confidential, or "E" for Exempt.

Forms that are incomplete, completed in pencil, contain errors, or that require additional information will be returned, delaying payment of the claim.

MULTIPLE PAGES—If your claim is more than one page, indicate page number and total number of pages. DO NOT total each page. Use subtotals and enter the total amount of the claim on the last page of the claim in the space for "CLAIM TOTAL."

COLUMN ENTRIES

(1) MONTH/YEAR - Enter numerical designation of month and last two digits of the year in which the first expenses shown on the form were incurred.

(2) DATE/TIME - Enter date and time of departure on the appropriate line using twenty-four-hour-clock (example: 1700=5:00 P.M.). Show time of departure on date of departure, show time of return on date of return. If departure and return are on the same date, enter departure time above and return time below on the same line. Where the first date shown is a continuation of trip, enter "Continuing" above that date, and where a trip is continuing beyond the last date shown, write "Continuing" after the last date.

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(18) SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES - When a claim for conference or convention expense under Section 599.635 of the DPA regulations and detailed in SAM Section 0724 is included, or when reimbursement of a business expense exceeds $25.00 or where reimbursement for Bar dues or license fees is included, the signature of the approving office is required, either on a separate document attached to this claim or by signature in this block.

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

LONG TERM ASSIGNMENT (LTA) INFORMATION AND CERTIFICATION OF SUBSISTENCE RATES

FA - 1350 (REV. 7/2010)

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

1. **Employee's Name** *(Print or type)*	2. Employee ID #	3. Classification *(i.e. TE-Civil)*	4. BU # / Unit

5. Permanent Residence Address *(Include Zip Code)*

6. Number of Miles Between the Following Locations:
HQ and LTA Residence _____ Primary Residence and LTA Residence _____ LTA Residence and LTA Jobsite _____

7. LTA Purpose *(i.e. construction inspection)*	8. LTA/Jobsite Location *(City)*	9. LTA Unit

10. Reporting Date	11. Estimated Completion Date	12. Revised Estimated Completion Date	13. Revised Estimated Completion Date

14. LTA Residence Address

15. I have the following dependents: *(As defined by IRS Standards)*
☐ None ☐ Spouse ☐ Children ☐ Parents ☐ Domestic Partner ☐ Other (Relationship)

16. During this assignment, I ☐ will ☐ will not maintain my primary residence at a net expense to me in excess of $200.00 per month. *(Check One)*

17. During this assignment, my dependents ☐ will ☐ will not remain at my primary residence. *(Check One)*

18. I request the following allowances:

☐ Short-term allowance for more than 30 consecutive days from reporting date (if approved by the Accounting Office, Travel Policy Section)

☐ Short-term allowance until long-term accommodations are located but not to exceed 15 calendar days after reporting date

☐ Short-term allowance until long-term accommodations are located but not to exceed 30 calendar days after reporting date (requires supervisor's approval)

* ☐ Full long-term accommodations with commercial establishments

* ☐ One-half long-term accommodations *(daily rate option)* with commercial establishments

☐ Long-term Assignment Differential Effective Date: _____

☐ Personal Expense Differential (Non Commercial) Effective Date: _____

☐ Commute mileage in lieu of subsistence (requires supervisor's approval)

*** Commercial establishments are defined as apartments, rental homes or rooms, hotels, comdominiums, etc. (Rental agreement required)**

SOURCE CODING

UNIT	PROJECT	PHASE	REPORTING	OBJECT	SUB-OBJECT	FY	ACTIVITY	SUB-ACTIVITY

TAXABILITY: Long-term assignments over one year (365 days) and personal expense differentials are considered taxable income to the employee and taxed accordingly. See the Travel Guide, Taxable Employee Fringe Benefits at http://www.dot.ca.gov/hq/asc/travel/taxinfo.htm for current tax rates.

I certify that the above information is correct. I understand the taxability liability that may be associated with long-term assignments.

Employee's Name *(print or type)*	Employee's Signature	Phone	Date
Supervisor's Name *(print or type)*	Supervisor's Signature	Phone	Date

DISTRIBUTION: Accounting Employee Supervisor Personnel (when applicable)

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

LONG TERM ASSIGNMENT (LTA) INFORMATION AND CERTIFICATION OF SUBSISTENCE RATES

FA-1350 (REV. 7/2010)

DEFINITION:

A long-term assignment (LTA) is defined as any assignment of 31 days or more to a given location other than headquarters. Thirty (30) consecutive days are interpreted as traveling to one location for a period of 30 consecutive calendar days (not paid per diem days) regardless if the employee returns to their home on any weekend or regularly scheduled day off. While they may not be compensated, trips to the employee's primary residence or headquarters on the employee's regularly scheduled day(s) off, travel assignments, personal trips or promotions do not interrupt the continuity of the LTA. The LTA terminates when the employee is assigned to another geographical area and is required to terminate their long-term accommodations.

Employees should review the Caltrans Travel Guide at http://www/dot.ca.gov/hq/asc/travel/lta.htm for rates and policies for long-term assignments.

Instructions:

Employees must complete this form and submit it to their supervisor for approval. A revised form must be submitted whenever a change occurs (i.e., length of assignment). If the location changes, a new form must be submitted. A copy of the form must be submitted to the Travel Policy Section, MS #25 or faxed to (916) 227-8662/8-498-8662 before any LTA expenses can be reimbursed.

When an employee's primary residence will not be occupied by his/her dependents, documentation must be attached verifying out-of-pocket net expenses exceeding $200 per month. Documentation should include a copy of your rental agreement or mortgage statement (payment coupons are acceptable) and evidence of payment (copy of most recent canceled check, or copy of the check and bank statement showing the check was cashed or automatic payment statement.)

Changes to the assignment

When changes are made to the FA 1350, it is the employee's responsibility to submit an approved revision to the Travel Policy Section.

A new form is required when the assignment is changed to another geographical location. A geographical location is defined as an area within a 50-mile radius.

To ensure proper reporting of expenses, a copy of the FA 1350 must be attached to each travel expense claim submitted for reimbursement. In addition, the Purpose of Trip should indicate the employee is on a long-term assignment.

Taxability:

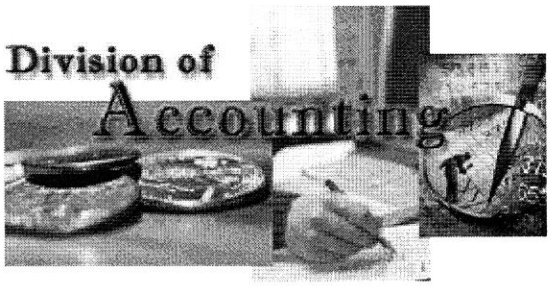
Long-term assignments exceeding one year (365 days) and personal expense differentials are considered taxable income to the employee. See the Caltrans Travel Guide, Taxable Employee Fringe Benefits at: http://www.dot.ca.gov/hq/asc/travel/taxinfo.htm for current tax rates.

NOTICE

Information requested is mandatory. This information is used to determine the proper subsistence rate as provided under Department of Personnel Administration (DPA) regulations. Failure to provide all or any part of such information will result in nonpayment. The principal purpose of the requested information is to ensure that the proper subsistence rate is applied.

The Caltrans Travel Guide can be found at . . . .

http://www.dot.ca.gov/hq/asc/travel/



Clark Paulsen, Division Chief

Welcome to the Caltrans Travel Guide!

The Caltrans Travel Guide and Caltrans Travel Tips are the Department's method of communicating travel and reimbursement rules to employees. It is the goal of the Division of Accounting to communicate this information in a timely and accurate manner.

The Travel Guide details the Department of Personnel Administration's travel rules and the Department's travel policies. Before traveling on State business or incurring travel expenses, employees should review the Travel Guide for current information.

For general assistance, contact the Travel Information Line at (916) 227-9061 between 9:00 a.m. and 12:00 p.m. or 1:00 p.m. and 3:00 p.m.

If an answer to a specific question cannot be found in the Travel Guide or answered by the Travel Information Line, please contact the Travel Policy Section at (916) 227-8652.

Go to Table of Contents.

What is the latest Travel Guide revision? Or, Subscribe for updates: Subscribe to Travel Guide updates by Email

Need help searching the Travel Guide? Review our handy list of Research Tips.

Please note:

If you encounter a *404 Error/Page not Found* message then the page that you have selected is most probably located on the 'Onramp', the Caltrans intranet site. The Onramp is available **only** to workstations logged onto a Caltrans local area network (LAN). (All attempts to reach pages solely on the Onramp from outside this network will result in these errors occurring.)

Should this happen, please select the **back button** on your browser which will return you to the last page you were viewing. You can also return to the Table of Contents page for the Travel Guide by clicking the link *Table of Contents* located in the left hand column. If you need assistance with information found on one of these pages, contact the Travel Section