

TRAVEL EXPENSE CLAIM STATE OF CA FUNDED PROJECTS For Travel on or after Jan 1, 2011

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A/P STAMP BOX	
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Name		4									
					Control #						
Address					PHI Employee						
City	State	;	Zip		Non PHI Employee – SSN / Tax ID Required						
Phone	Ext Fax				Travel Advance Check #				\$		
Email Address					Automobile Ins	uranc	ee Form on file?	ШҮ	es	N/A	
Activity Code(s) (required)											
Date of Travel											
Destination											
Purpose of Travel											
Time Depart/Return											
No. of Miles (Private Car)										TOTALS	
Amount ** 51¢ per mile											
Air Fare											
Rental Car											
Local Transportation											
Tolls/Parking											
Hotel											
Breakfast											
Lunch											
Dinner											
Incidentals											
I certify that, in accordance with PHI's Procurement Policy and the instructions shown on the reverse side of this form, the above is a true statement of official business travel expenses incurred by me. Where requesting mileage reimbursement, I certify that I carry liability insurance on my privately owned vehicle and that such vehicle is, to the best of my knowledge, in safe mechanical condition. Less Cash Advance											
Requested By - Printed Name				Date Due (PHI) / employee							
Requested By – Signature						ΕO	R PHI ACCOU	INITINIC	HISE ON	JI V	
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P.I. Approval – Printed Name Date				VENDOR#			A				
1.1. Approvat Trinted Manie			Date		Activity Cod	e	Account Ca	iegory		Amount	
P.I. Approval – Signature											
1.1. Approvat – Signature											

PHI POLICY FOR STATE OF CA FUNDED TRAVEL EXPENSES

Authorized travel and travel-related expenses incurred in the conduct of PHI business, if reasonable, allowable, and itemized on this form, are reimbursable. All other requests for reimbursement should be made on a check request. Reimbursement for travel follows the guidelines outlined in the CA State Department of Personnel Administration (**DPA**) unless the contract under which an employee is reimbursed states otherwise.

IMPORTANT NOTE: A Travel Claim must be filed within 30 days after the completion of any trip; any unused travel advance must be returned promptly. All out-of-state travel must be approved in writing in advance of the trip by the State's Project Officer.

HOW TO FILL OUT THIS FORM:

List each day of travel separately. You must indicate which activity code will be charged for the expense, the time you left on the date of departure, the time you returned home on the date of return, and both the purpose and the destination of the trip.

TRANSPORTATION:

Private Car: **Mileage is reimbursed at the CA State Department of Personnel Administration (DPA) rate, which is 51¢ per mile. Mileage reimbursement claims may not exceed the cost of round trip air fare to the same destination.

Air Fare: Airline tickets should be purchased using a PHI purchase order whenever possible. Purchase the least expensive round-trip or special rate travel available (coach/tourist/economy class).

Rental Car: A rental car should only be used if it is the most economical or only feasible means of transportation available. Always sign for optional insurance on a rental car.

Local Transportation: Shuttles, taxis, and limousines may be used for travel between lodging and place of business, between place of business and to and from airports.

LODGING:

Reimbursement for lodging follows DPA guidelines unless the contract under which an employee is reimbursed states otherwise. Employees must provide a receipt to claim reimbursements. For in-State travel in most counties, lodging expense up to \$84.00 (plus tax) per night can be reimbursed. Check the DPA guidelines for other rates. Higher expenses may be reimbursed for attendance at a conference. Evidence of conference hotel rate must be attached to claim. For out-of-State travel, the actual cost of a standard room and tax can be reimbursed if receipts are submitted. Out-of-State travel must be approved by the State's Project Officer in advance of travel dates.

MEALS:

The maximum reimbursement for each meal is the actual amount paid but not to exceed the maximums stipulated below. Reimbursement for meals should be listed individually, not as a total daily allowance, and in accordance with DPA guidelines. Receipts are not required when these rates are requested. The maximums are:

> Breakfast: \$6.00 Lunch: \$10.00 Dinner: \$18.00

Meals served as part of a "package" (e.g. lunch included at a conference) will not be separately reimbursed.

INCIDENTALS:

Incidentals including parking, phone calls, tips, photocopies, etc., can be reimbursed up to a maximum of \$6.00 per day without receipts on overnight trips. Receipts are required when travel is less than 24 hours. All requests for reimbursement greater than \$6.00 require a receipt.

APPROVAL:

The travel request must be approved by the project's Principal Investigator/Project Director before it is submitted to PHI for reimbursement.

This form should include only costs incurred by the traveler. Do not include any costs that were prepaid by PHI. Please subtotal each section and complete the daily totals. If a travel advance was received, please deduct that amount from the total. If the total expense exceeds the advance, indicate the amount due you. If the advance exceeds the expense, please indicate this amount and attach a check to PHI for the amount due.

Certification: By authorized signature on the first page of this form, I certify the foregoing statements are true and correct and this purchase was conducted in accordance with PHI's purchasing policy and procedures and any applicable funding agency requirements. I understand the reimbursements are subject to availability of funds.