



County of San Bernardino

FAS / EMACS

TRAVEL EXPENDITURES AND CLAIM FOR PAYMENT

SAMPLE



	TC DOCUMENT ID: _____	
Employee ID	FAS DEPT	CLAIM NUMBER
Travel claim document ID is for reference only. It will not appear on FAS reports. Charges will come through EMACS.		

Your Travel Claim will be paid in the same manner as your payroll check. If your name, address, or direct deposit information has changed, please update with your payroll clerk.

1.

2.

3.

4.

Last Name

First Name

Travel Begin Date

Travel End Date

Check box on lines for out-of-state travel.

DOCUMENT TOTAL

\$0.00

Out-of- State	Description	Earning Code	Fund	Dept	Organization	GRC	APPR	Object Code	Amount
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Reference Table		Code	Object Code
Description			
Air Travel	XAN	2945	
Mileage	XMN	2920	
Other Travel	XON	2935	
Cell Phone	XPN	2181	
Training	XTN	2140	
Nontaxable Other Travel	XON	2140	
Taxable Other Travel (Excess Meals) (ACR Use Only)	XOT	2935	
Nontaxable Relocation	XRN	2935	
Taxable Relocation (ACR Use Only)	XRT	2935	

(ACR Use Only)

Action Taken	Initials	Date
Amount reclassified by:		
Approved by:		
Claim keyed by:		
Verified by:		

DETAILED SUPPORT FOR THE EXPENSES HEREON CLAIMED IS ON THE REVERSE SIDE OF THIS FORM

Department Contact: _____ Mail Code: _____ Telephone: _____

I hereby certify that I have examined the facts of the transactions hereon set forth as evidenced by the evidence hereon and the documents attached hereto. All verifications, certifications, and checking of computations required by the County Charter and Government Codes have been complied with and this claim in the total amount shown is hereby approved for payment.

COUNTY AUDITOR CONTROLLER

By _____

Date ____ / ____ / ____

Travel Expenditures and Claim for Payment

Instructions for preparing form

Please Note: This form needs to be completed in black or blue ink (if you are filling out a pre-printed form). An electronic version can be found at the DBH intranet site <http://countyline/dbh/> Go to DBH Forms and select DBH Forms by Department from the drop down menu. On the next screen under Fiscal you will find the forms. Print out one two-sided page on mint green colored paper.

Instructions – Side 1:

1. Last Name – Enter
2. First Name – Enter
3. Travel Begin Date – Enter first date of claim (from page 2). For example, if claim month is November and first date of travel is November 1; this is the date you enter for travel begin date.
4. Travel End Date – Enter last date of claim (from page 2).

STOP – You are done with this side.

Instructions – Side 2:

1. Employee No. - Enter
2. Phone No. – Enter work phone number
3. For the Month of – Enter month(s) you are claiming reimbursement for. Claim should be submitted monthly for previous month of travel as long as you are claiming a minimum of \$25.00. If you have less than \$25.00 for one month, continue to record the next month's travel and so on until you accumulate the minimum. ACR will only process a claim that is less than the minimum amount when an employee leaves the department or at the end of the fiscal year.
4. Occup. Unit – Unit your position is assigned to (i.e. clerical, professional, management, etc.)
5. Cost Center – 4 digit number that your position number is charged to. Check with your supervisor if you aren't sure what this number is.
6. Assigned Hdqtrs. – Work site you normally report to work at.
7. Date – Date you traveled.
8. Time From – Time you leave.
9. Time To – Time you arrive at destination. If you are traveling round trip in the same day, you can combine trip on the one line. If returning on different day, use one line for each day of travel.
10. Private Mileage – Enter total miles (in whole numbers, not tenths)
11. City of Destination – Enter city traveled to. If more than one in same day, list all.

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12. Purpose – Enter reason for travel. **Be as specific as possible** (i.e. MHSA meeting for planning awareness event, CIMH conference (include title), home visit, airport – Ontario to Sacramento, etc.). If you are using an electronic form, this field will expand if you use the enter key; however, you may have to adjust other lines for printing purposes. All travel is assumed to originate from your normal work site. If different, please explain.
13. B L D – Enter type of meal for reimbursement (B=Breakfast, L=Lunch, D=Dinner). Cannot claim reimbursement for meals during one day trip without prior approval of appointing authority or designee (see MOU page 33-34).
14. Amount – For meals only: Without receipt(s) enter actual cost including tax and gratuity up to allowable amount per MOU option 1. With receipt(s) enter actual cost including tax and gratuity up to allowable amount per MOU option 2. Meal allowance for business meeting/conference that includes meals is the actual cost. Excess charges exceeding MOU limits may be authorized for travel to unusually high cost areas such as San Francisco, Sacramento, San Diego, and Los Angeles (see MOU page 34). Enter total amount for all expenses if claiming reimbursement for more than just meals (i.e. cab fare, hotel accommodations, parking fee, etc.)
15. Expense Item – List expenses claimed (i.e. meals, hotel, air fare, taxi, cell phone charges, etc.)
16. Total Miles this claim – Leave blank if using pre-printed form. Electronic version will calculate.
17. Mileage rate – Currently \$0.485 eff. 01/07. Pre-filled on electronic form.
18. Total – Leave blank if using pre-printed form. Electronic version will calculate.
19. Mileage Amount Sub Total - Leave blank if using pre-printed form. Electronic version will calculate.
20. Expenses Sub Total - Leave blank if using pre-printed form. Electronic version will calculate.
21. Expenses, Less Advance – Enter advance amount if applicable.
22. Mileage Amount Total - Leave blank if using pre-printed form. Electronic version will calculate.
23. Expenses Total - Leave blank if using pre-printed form. Electronic version will calculate.
24. Total Claim - Leave blank if using pre-printed form. Electronic version will calculate.

Travel Expenditures and Claim for Payment

Instructions for preparing form

25. Claimant Signature, Mail Code, and Date – Sign and enter mail code and date (should be dated for the last day of the claim month or later)

STOP – You are done with this side 2

26. Approved – Requires signature of authorized signer; submit to direct supervisor for approval through chain of command.