

COMPLETING A TRAVEL EXPENSE CLAIM

Introduction

The Travel Expense Claim (TEC) Form, STD 262, requires various information, including employee information, trip information, reimbursement amounts, authorizations, and justifications be provided. Below is a step-by-step description of what is required to complete a TEC.

Employee Information

This information describes to whom and where expenses should be charged.

Field	Enter Into Field
Claimant's Name	First name, middle initial, last name
Social Security Number or Employee Number*	Write "on file"
Department	Citizens Redistricting Commission
Position	Commissioner
CB/ID Number	N/A
Division or Bureau	Citizens Redistricting Commission
Index Number	Leave blank
Residence Address* (including city, state, and ZIP code)	Home address (do not use P.O. Box) <i>See staff if confidential</i>
Headquarters Address (city, state, and ZIP code)	721 Capitol Mall, Suite 260 Sacramento, CA 95814
Phone Number	Office phone number (include area code)

* Refers to the Privacy Statement provided on the reverse side of the form.

Trip Information, Miscellaneous Information and Justifications, and Authorized Signatures

This section requests information regarding the when, where, and why the expenses occurred.

Field	Enter into Field
1	Normal Work Hours (Use the 24-hour clock) 0800 - 1700
2	Private Vehicle License Number: Enter the license number of the private vehicle used on State business
3	Mileage Rate Claimed: Enter \$0.575 per mile
4	Month/Year: Month number (January = 1, December = 12) and four-digit year (8/2020)
5	Date: Day of the month (one day per line) Time: Departure and return (using the 24-hour clock)

6	Location Where Expenses Were Incurred: (A brief statement describing the purpose may be entered immediately below the last entry for each trip.)																		
7	Lodging: Enter actual cost of lodging, plus tax (up to the maximum reimbursement)																		
8	Meals: Enter actual cost of meals (up to the maximum reimbursement)																		
9	Incidentals: Enter actual cost of incidentals (up to the maximum reimbursement)																		
10 (A)	Transportation: Enter the cost of transportation, if paid by employee																		
10 (B)	<p>Transportation: Enter the method of transportation, using the following codes:</p> <table border="1" data-bbox="409 436 1390 800"> <thead> <tr> <th>Type</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Railway</td> <td>R</td> </tr> <tr> <td>Bus, air porter, light rail, Bay Area Rapid Transit (BART)</td> <td>B</td> </tr> <tr> <td>Commercial airline</td> <td>A</td> </tr> <tr> <td>Privately owned vehicle (motorcycles not allowed)</td> <td>PC</td> </tr> <tr> <td>Private air</td> <td>PA</td> </tr> <tr> <td>State car</td> <td>SC</td> </tr> <tr> <td>Rental car</td> <td>RC</td> </tr> <tr> <td>Taxi</td> <td>T</td> </tr> </tbody> </table>	Type	Code	Railway	R	Bus, air porter, light rail, Bay Area Rapid Transit (BART)	B	Commercial airline	A	Privately owned vehicle (motorcycles not allowed)	PC	Private air	PA	State car	SC	Rental car	RC	Taxi	T
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10 (C)	Transportation: Enter carfare, bridge road tolls, or parking expenses																		
10 (D)	Transportation: Enter the number of miles driven with private and State vehicles, and then enter the amount due for private vehicles only																		
11	Business Expense: Enter any other expenses necessary for completion of State business, with justification as required. Note: Expenses more than \$25 must be accompanied by receipts.																		
12	Total Expenses for Day: Enter the total expenses for that day																		
13	Subtotals: Enter the total expenses for each column																		
14	Purpose of Trip, Remarks, and Details: Enter reason for trip and explanation of Phone expenses (include place, party, number called) and Business expenses Receipts provided with the TEC:, reason for obtaining rental cars other than a compact, use of a noncontract vendor Travel advances received																		
12	Total Expenses for Day: Enter the total expenses for that day																		
15	Claimant's original signature and date signed																		
16	Approving Officer's original signature and date signed																		
17	Special expenses require signatures from Accounting review																		

Resource Materials

Subject	Link
Reimbursement Rates: mileage, meals, lodging	https://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx
Hotel/Motel Transient Occupancy Tax Waiver	www.documents.dgs.ca.gov/dgs/fmc/pdf/std236.pdf
Travel Expense Claim	www.documents.dgs.ca.gov/dgs/fmc/pdf/std262.pdf

Reimbursements for Meals

Breakfast	Up to \$7
Lunch	Up to \$11
Dinner	Up to \$23
Incidentals	Up to \$5

Note: You may claim tips up to the allowable reimbursement, ex: dinner is \$22 and you leave a \$3 tip. You can only claim \$23.

Travel Timeframes

For travel lasting 24 hours or more, you may claim meals (at the rates noted above), based on the following timeframes:

- First day of travel:
 - Trip begins at or before 6 am - Breakfast may be claimed
 - Trip begins at or before 11 am - Lunch may be claimed
 - Trip begins at or before 5 pm - Dinner may be claimed
- Continuing travel after 24 hours:
 - Trip ends at or after 8 am - Breakfast may be claimed
 - Trip ends at or after 2 pm - Lunch may be claimed
 - Trip ends at or after 7 pm - Dinner may be claimed
- Fractional day travel (trips less than 24 hours):
 - Trip begins at or before 6 am and ends at or after 9 am - Breakfast may be claimed
 - Trip begins at or before 4 pm and ends at or after 7 pm - Dinner may be claimed
 - If the fractional day includes an overnight stay, receipted lodging may be claimed. No meal or lodging expenses may be claimed or reimbursed more than once on any given date or during any twenty-four (24)-hour period.
 - Employees may not claim lunch or incidentals on one-day trips.
 - When trips are less than 24 hours and there is no overnight stay, meals claimed are taxable.

* Privacy Statement

Information Practices Act of 1977 (Civil Code Section 1798.7) and the Federal Privacy Act (Public Law 93-579) require that the following notice be provided when collecting personal information from individuals.

AGENCY NAME: Appointing powers and the State Controller's Office

UNITS RESPONSIBLE FOR MAINTENANCE: The accounting office within each appointing power and the Audits Division, SCO, 3301 C Street, Room 404, Sacramento, CA, 95816.

AUTHORITY: The reimbursement of travel expenses is governed by Government Code Section 19815.

4(d) and 19820. These sections allow the Dept. of Personnel Administration to establish rules and regulations which define the amount, time, and place that expenses and allowances may be paid to representatives of the State while on State business.

PURPOSE: The information you furnish will allow the above named agencies to reimburse you for expenses you incur while on official State Business.

Other Information: While your social security account number (SSAN) and home address are voluntary information under Civil Code section, 1798.17, the absence of the information may cause payment of your claim to be delayed or rejected. You should contact your department's Accounting Office to determine the necessity for this information.

TRAVEL EXPENSE CLAIM

STD. 262 (Rev. 10/2019)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME Joanna Smith			SSN or EMPLOYEE NUMBER* On File			DEPARTMENT Citizens Redistricting Comm.		
POSITION Commissioner		CB/ID No. N/A	DIVISION or BUREAU Citizens Redistricting Commission				INDEX NUMBER	
RESIDENCE ADDRESS * 1111 East Way			HEADQUARTERS ADDRESS 721 Capitol Mall, Suite 260				TELEPHONE NUMBER (555) 555-5555	
CITY Any City		STATE CA	ZIP CODE 99999		CITY Sacramento		STATE CA	ZIP CODE 95814

(1) NORMAL WORK HOURS 0800 - 1700	(2) PRIVATE VEHICLE LICENSE NUMBER BR9 444	(3) MILEAGE RATE CLAIMED 0.575
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(4) MONTH/YEAR	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY		
					BREAK-FAST	LUNCH	O.T., U/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
										MILES	AMOUNT					
08/2020	8/01	9:00 11:00	Any City to Sacramento							PC		45.20	25.99	25.99		
	8/01		Sacramento	85.49		11.00	23.00	5.00			15.00		0.00	139.49		
	8/02	1400 1600	Sacramento to Any City			7.00	11.00			PC		45.20	25.99	43.99		
													0.00	0.00		
													0.00	0.00		
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(13) SUBTOTALS				85.49	7.00	22.00	23.00	5.00	0.00			15.00	90.40	51.98	0.00	209.47

COLUMN CODE (ACCTG. USE ONLY)															
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CLAIM TOTAL	\$209.47
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Travel from Any City to Sac for Commission Meeting in Sacramento: Receipts for parking and hotel attached.

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above 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.

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE