

TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2008) 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 | | | | | | | |
| POSITION TITLE | | | B.U./M.D. | | | NUMERIC DIST/UNIT (For Check to Be Sent) | | | ALTERNATE PHONE NUMBER | | | | |
| CLAIMANT'S HOME ADDRESS | | | | | | HEADQUARTERS ADDRESS | | | | | | M.S. | |
| CITY | | | STATE | | ZIP CODE | | CITY | | | STATE | | ZIP CODE | |
| | | | CA | | | | | | | CA | | | |

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

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|--|--|--|--|--|--|--|--|--|--|--|-------------|--|----|
| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) | | | | | | | | | | | Claim Total | | \$ |
|--|--|--|--|--|--|--|--|--|--|--|-------------|--|----|

| (12) NORMAL WORK HOURS | T. CODE | SOURCE | | CHG DIST | EXP. AUTH. | SUBJOB | SPECIAL DESIGNATION | FA | AGCY. OBJ. | AMOUNT | FY | MSA CODE |
|--------------------------------|---------|--------|------|----------|------------|--------|---------------------|----|------------|--------|----|----------|
| | | DIST | UNIT | | | | | | | | | |
| (13) WORK SCHEDULE | | | | | | | | | | | | |
| (14) PRIVATE VEHICLE LICENSE # | | | | | | | | | | | | |
| (15) MILEAGE RATE CLAIMED | | | | | | | | | | | | |
| | | | | | | | | | | .50 | | |

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 | |