## TRAVEL EXPENSE CLAIM (TEC)

### STD. 262

#### Traveler's Name

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Destination</th>
<th>Lodging &amp; Internet Charges</th>
<th>Meal &amp; Incidental Expense</th>
<th>Airfare/Baggage Fees</th>
<th>Rental Car/Fuel</th>
<th>Taxi/Tolls/Parking</th>
<th>Conference Fee</th>
<th>Other</th>
<th>$0.565 / Mile for Private Car</th>
<th>Total Trip Costs</th>
<th>Account Number to charge:</th>
<th>Max to Pay: $2,983.90</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1.13</td>
<td></td>
<td>Istanbul, Turkey</td>
<td>450.00</td>
<td>780.00</td>
<td>1,598.90</td>
<td>80.00</td>
<td>75.00</td>
<td></td>
<td></td>
<td>2,983.90</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.15.13</td>
<td></td>
<td>San Diego</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total Trip Costs

- **2,000.00**
- **2,983.90**

### Travel Advance

- **Amount Due Traveler:**
  - **2,983.90**

### Travel Expense Claim instructions:

- **Travel Expenses:** Enter all trip expenses. Include Travel Card charges and Direct Payments. If a travel advance was provided, the amount must be entered under the Paid Direct By SDSU section, last column.
- **Total Trip Costs:** Auto calculated. Traveler's total cost of trip.
- **Paid Direct by SDSU-Corporate Travel Card:** Enter amounts charged to the Travel Card. Attach original receipts to TEC.
- **Paid Direct by SDSU-Direct Payments:** Enter amounts that we paid directly by SDSU (airfare, registration, etc.).
- **Paid Direct by SDSU-Travel Advance:** If a travel advance was issued, enter amount in last row of column.
- **Amount Due Traveler:** Auto calculated. Travel Expenses minus Paid Direct by SDSU equals amount due traveler.

**I HEREBY CERTIFY:**

- a) That I received authorization to travel;
- b) this travel was necessary to conduct official business;
- c) expenses are true and accurate in accordance with SDSU Travel Procedures and Regulations;
- d) I will not seek reimbursement from any other source;
- e) if requesting mileage reimbursement, I have satisfied the State Defensive Driver Training requirements.

**Signature of Officer approving payment:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Last 4 digits of travel card if applicable:</th>
</tr>
</thead>
</table>

**I HEREBY CERTIFY:** That

- a) I have authorization to approve travel in accordance with the SDSU Fiscal Authorization Hierarchy (FAH);
- b) I ensure expenses requested are ordinary, reasonable, not extravagant, necessary, and supported by a business purpose or justification, as appropriate;
- c) Expenses are in accordance with SDSU Travel Procedures and Regulations.

**Date:**

**AP Rev. 04/2013**