## SAMPLE

## ROW ITEM

Name

Date of Report

Dates of Travel
Destination
Purpose of Travel
Work Element No.

Travel:

Lodging:

Meals:
Incidentals:
Parking:
Registration:
Tolls:
Other:

## COLUMN ITEM

## Direct Cost WE

General Fund Cost
Employee Funds
Total Cost

## INSTRUCTIONS

Use first and last name
Date report is being completed. This should be as soon as possible after the trip and by the end of month of the trip.

This is the range of dates for the trip starting with the first travel day to the event and ending with the return travel date.
City and State of the event
Name of the event such as APA Conference or CALCOG Meeting, et al
Work element paying for the event and associated travel
Method of getting to and from the event such as staff car, personal car, plane, train, bus, et al. May include more than one.
Hotel/Motel Costs. Use the Direct Cost WE column for the portion allowed by Caltrans and the General Fund Cost column for any excess. Total hotel cost should appear in the Total Cost column. Any portion of the cost paid by you should also appear in the Employee Funds column. Typically this costs were put on the RTPA credit card.
Breakfast/Lunch/Dinner Costs. Use the Direct Cost WE column for the portion allowed by Caltrans and the General Fund Cost column for any excess. Total meal cost should appear in the Total Cost column. Any portion of the cost paid by you should also appear in the Employee Funds column. Typically this costs are paid by you.
You may claim $\$ 5.00$ for each complete 24 hour period you are away.
All parking costs including airport parking and fees incurred at the location.
Costs to register for the event at the location or prepaid.
Use for any road use or bridge tolls.
All other allowable expense incurred on or for the trip.

## INSTRUCTIONS

Portion of cost chargable to direct work element. Use Caltrans limits for meals and lodging.
Postion of cost in excess of Caltrans limits and under RTPA limits.
Portion of cost in previous columns paid with employee funds.
Formula adds Direct WE and General Fund columns for total cost.

Funds issued to you in advance of the trip.
Amount for items charged to RTPA credit card.
Formula to total expenses prepaid by RTPA
Formula to calculate any money due the employee
Formula to calculate any money due back to RTPA
Formula to calculate total cost of trip

## INSTRUCTIONS

Tab to assist in calculating costs associated with using own vehicle.

RTPA

## SAMPLE Overnight Travel Expense Report

| Name | Date of Report |
| :--- | :--- |
| Dates of Travel | Destination |
| Purpose of Travel |  |

## COSTS INCURRED: PLEASE ATTACH ALL RECEIPTS

For expenses exceeding State of CA meals/lodging reimbursement (below) charge excess amount to the General Fund column.

## http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx

Work Element No.


| Travel: | (Details Here) |
| :--- | :--- |
| Lodging: | (Details Here) |
| Meals: | (Details Here) |
| Other Expenses: |  |
| Incidentals: | (\$5.00 per 24 hour period) |
| Parking: | (Details Here) |
| Registration: | (Details Here) |
| Tolls: | (Details Here) |
| Other: | (Details Here) |
|  |  |


| Direct Cost W.E. |  | General Fund Cost |  | Employee Funds |  | Total Cost |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| \$ | - | \$ | - | \$ | - | \$ | - |
| \$ | - | \$ | - | \$ | - | \$ | - |
| \$ | - | \$ | - | \$ | - | \$ | - |
| \$ | - | \$ | - | \$ | - | \$ | - |
| \$ | - | \$ | - | \$ | - | \$ | - |
| \$ | - | \$ | - | \$ | - | \$ | - |
| \$ | - | \$ | - | \$ | - | \$ | - |
| \$ | - | \$ | - | \$ | - | \$ | - |
| \$ | - | \$ | - | \$ | - | \$ | - |
| \$ | - | \$ | - | \$ | - | \$ | - |


| Advance issued to employee | Date | Check\# | \$ | - |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Paid with RTPA credit card |  |  | \$ |  |  |
| Total paid by RTPA |  |  | \$ |  |  |
|  |  |  |  |  | Should equal |
| Amount due employee |  |  | \$ | - | Cell I33 |
| -or- |  |  |  |  |  |
| Amount due RTPA (attach check) |  |  | \$ | - |  |

Total costs of travel $\qquad$
Employee Signature
Supervisor Approval
Executive Director Approval

Finance Review

SAMPLE ITEMIZATION OF MILEAGE CLAIMED FOR REIMBURSEMENT


## Association of Monterey Bay Area Governments

TRAVEL EXPENSE REPORT
SAMPLE

| NameNohn Smith   Date of Report <br>   $12 / 16 / 2019$  <br> Dates of Travel $12 / 4-12 / 6 / 2019$   <br> Purpose of Travel Annual APA Convention   |  |  |  |
| :--- | :--- | :--- | :--- | :--- |

## COSTS INCURRED: PLEASE ATTACH ALL RECEIPTS

For expenses exceeding State of CA meals/lodging reimbursement (below) charge excess amount to the General Fund column.
http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx

| Work Element No. |  |
| :--- | :--- |
| Travel: | Air Fare + Mileage to Airport $(54 \times \$ 0.64)$ |
| Lodging: | $\frac{2 \text { Nights at Hilton @ } \$ 196.00+\$ 24.00 \text { tax }}{}$ |
| Meals: | $\frac{3 \text { full days @ } \$ 41.00}{\text { (Departed 5:00 AM Returned 7:00 PM) }}$ |

Other Expenses:

| Incidentals: | $2 \times \$ 5.00$ |
| :--- | :--- |
| Parking: | Airport Parking 3 Days @ $\$ 36.00$ |
| Registration: | APA Conference Registration |
| Tolls: | (Details Here) |
| Other: | (Details Here) |
|  |  |


| Direct Cost W.E. |  | General Fund Cost |  | Employee Funds |  | Total Cost |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| \$ | 896.56 | \$ | - | \$ | 34.56 | \$ | 896.56 |
| \$ | 298.00 | \$ | 142.00 | \$ | - | \$ | 440.00 |
| \$ | 123.00 | \$ | - | \$ | 123.00 | \$ | 123.00 |
| \$ | - | \$ | - | \$ | - | \$ | - |
| \$ | 10.00 | \$ | - | \$ | 10.00 | \$ | 10.00 |
| \$ | 108.00 | \$ | - | \$ | 108.00 | \$ | 108.00 |
| \$ | 400.00 | \$ | - | \$ | - | \$ | 400.00 |
| \$ | - | \$ | - | \$ | - | \$ | - |
| \$ | - | \$ | - | \$ | - | \$ | - |
| \$ | 1,835.56 | \$ | 142.00 | \$ | 275.56 | \$ | 1,977.56 |


| Advance issued to employee | Date | Check\# | \$ | - |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Paid With AMBAG Credit Card |  |  | \$ | 1,702.00 |  |
| Total Paid by AMBAG |  |  | \$ | 1,702.00 |  |
| Amount due employee |  |  | \$ | 275.56 | Should equal Cell I33 |
| -or- |  |  |  |  |  |
| Amount due Ambag (attach check) |  |  | \$ | - |  |

Total costs of travel

$$
\begin{aligned}
& \$ \quad 1,977.56 \\
& \hline
\end{aligned}
$$

Employee Signature $\qquad$

Supervisor Approval

Executive Director Approval

Finance Review

