UNIVERSITY CORPORATION
CSU MONTEREY BAY
Research, Housing and Commercial Services

Auxiliary Organizations at CSU Monterey Bay

Relocation Expense Claim

Claimant Name - Last, First, M.I.	Claimant's Position/Title	Department	Dept. Reference #

Home Address	City	State	Zip Code	Private Vehicle License #	Mileage rate
					0.575

Destination From	Destination To

Departure		Arrival		Alternate Mailing Address	Department Contact	Contact Person's Extension
Date	Time	Date	Time			

Trip-Related Expenses Paid by the New Employee- To be reimbursed via Payroll

Daily Meals/Travel					Misc. Exp. (Page 2 if needed)		Personal Vehicle Mileage and Points of Travel In accordance with CSU/IRS Guidelines			Amount
Date	Meals	Rental Moving Truck	Moving Company	Lodging	Airfare/Train Bus	Tolls	Other Expenses	Amount	Miles	Amount	Payroll Use ONLY: Subject to SIT or FIT
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	
										-	

Subtotal of Charges Paid by the Traveler: $

Remarks (include currency rate if foreign travel)	HR/ Payroll Use Only	Charges Paid by Traveler	
		*Total Due to the Traveler	$
	Maximum Allowed = $		

**Enter					CLASS	PROJECT	AMOUNT
UNIT	ACCT	FUND	DEPT ID	PROGRAM			

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with existing travel rules and regulations of the University Corporation and that all items shown were for the official business of the specified Auxiliary Organization at CSU Monterey Bay.

Signature of Officer Approving Payment	Date	Claimant's Signature	Date

(PRINT NAME of Officer Approving Payment Below)

HR Director's Signature Date

Payroll Specialist's Signature Date

Version Date: 09/09/2021