

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 Ve	hicle License #	Mileage rate	
					•				•				0.220	
Destination From Destinati					ion To									
Departure Arrival				Alternate Mailing Address					Departm	ent Contact		Contact Pe	Contact Person's Extension	
Date	Date Time Date Time													
Trin_Polato	d Evnanças	Daid by the	aimhursad vis	a Davroll										
Trip-Related Expenses Paid by the New Employ Daily Meals/Travel				Misc. Exp. (Page 2 if nee				ded) Personal Vehicle Mileage and Points of Trav				of Travel	Amount	
		Rental	cuisy Travel		THISCI EXPT (r age 2 ii nee	ucu,		organiar ven	icic ivilicage c	10110		Amount	
		Moving	Moving		Airfare/Trai							Payroll Use Of	NLY: Subject to SIT or	
Date	Meals	Truck	Company	Lodging	n/Bus	Tolls	Other	Expenses	Amount	Miles	Amount	•	FIT	
											-			
									-					
									-					
											-			
											-			
											-			
											-			
											-			
											-			
									S	ubtotal of Cha	arges Paid b	y the Traveler:	-	
Remarks (ir	nclude curr	HF			R/ Payroll Use Only		Charges Paid by Traveler			0.00				
·									*Total Due to the Travele					
		Maximum Allowed = \$												
**Enter							CLASS		PROJECT		AMOUNT			
UNIT		ACCT		FUND DEPT ID PROGRAM										
		e is a true stater on at CSU Monte		expenses incur	red by me in accor	dance with existi	ng travel	rules and regi	ulations of the	University Corpora	tion and that a	ll items shown were f	or the official business of the	
	_	Officer App nt name bel	Date			Signature of Claimant					Date			
,								Pick up?				Vers	Version Date: 07/2023	