

# Travel Expense Claim

STATE OF CALIFORNIA  
DEPARTMENT OF FOOD AND AGRICULTURE  
FINANCIAL SERVICES BRANCH

Purpose

Page  of

SO-27 (Rev. 01/24)

Claimant's Name (Last, First, Middle Initial)				Social Security Number <small>(Last four digits only)</small>				Civil Service Classification				Bargaining Unit & Designation					
Residence Address				Preparer's Name / Phone Number				Preparer's Email Address									
City		State	Zip Code	Branch Name													
Out-of-State/Country Document Number				Headquarters Address				City		State	Zip Code						
(1) Month/Year		(4)	(5)	(6)	(7) Meals			(8)	(9) Transportation				(10)	(11)			
(2) Time Depart	(3) Time Return	Date	Description of Expense and the Location where it Incurred	Lodging	Breakfast	Lunch	Dinner	Incidentals	(A) Cost of Trans.	(B) Type Used	(C) Parking, Toll	(D) Private Vehicle Use Miles Amount		Business Expense	Total Expenses For Day		
(12) Travel Claim Total																	
(13A) Total Expenses Paid by the Department (VCN, CTA, P-Card, SO-25)																	
(13B) Total Revolving Fund Travel Advances																	
(14) Total Reimbursement To Claimant																	
(15) MILEAGE CLAIMED		(16A) Program Code		(16B) %	CHARTFIELD (TRAVEL UNIT ONLY)				TRAVEL UNIT USE ONLY								
Private Vehicle License Number					Line #	FY	Account Code	Amount	Voucher # _____			Non-Taxable: _____					
Select appropriate mileage rate								Invoice No _____									
<b>Business Travel Dates:</b> 01/01/24 - 12/31/24: .670 01/01/23 - 12/31/23: .655 07/01/22 - 12/31/22: .625								Check # _____			Taxable: _____						
								Check Date _____									
		<b>Move / Relocation:</b> 01/01/24 - 12/31/24: .21 07/01/22 - 12/31/23: .22 01/01/22 - 06/30/22: .18								Check Amt _____							
								Approved by (Travel Unit Only) _____			Date _____						
(17) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach all required receipts and documentation)																	
<div>(18) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California, and that all items shown were for the official business of the State of California. If a privately owned vehicle was used, I have met the requirements as prescribed by SAM Section 0754. For mileage reimbursement rates which exceed the minimum rate, I certify that the actual cost of operating the vehicle was equal to or exceeded the amount claimed.</div>																	
(18) CLAIMANT'S SIGNATURE														DATE			
(19) PRINT NAME OF APPROVER				(19) SIGNATURE OF APPROVER - I certify that this TEC is true and correct in accordance with the Cdfa Travel Policy. Approver must have Delegation of Authority on file for the chartfields indicated.										DATE			

Submit form and supporting documents to the Travel Unit - [TravelHelpDesk@cdfa.ca.gov](mailto:TravelHelpDesk@cdfa.ca.gov)

## INSTRUCTIONS

Travel expense claims are to be submitted at least once a month and not more often than twice a month, except where the amount claimed is less than \$10, the claim need not be submitted until it exceeds \$10 or until June 30, whichever occurs first. Requests for reimbursement of out-of-state or country travel expenses must be claim separately. Requests for reimbursement of travel expenses which are incurred in different fiscal years must be claimed separately.

### HEADING

**Purpose:** from the dropdown menu, select the purpose of the expenses – travel to conduct state business or relocation.

**Page of:** If the claim is more than one page, indicate page number and total number of pages. Do not total each page. Use subtotals and enter the total amount of the claim on the last page of the claim in the space for “Travel Claim Total.”

**Claimant’s Name:** enter the claimant’s name starting with the last name, first name, then the middle name initial.

**Social Security Number:** enter only the last four digits of the claimant’s social security number as it appears on their social security card.

**Civil Service Classification:** enter classification as it appears on the claimant’s appointment papers.

**Bargaining Unit & Designation:** enter bargaining unit number and designation.

**Residence Address:** enter actual street address of primary dwelling. This address will be used to mail the reimbursement check to. If the check is to be mailed to a PO box, include the PO box information with the residence address (DPA 599.638e, 599.638. 1e).

**Preparer’s Name/Phone Number:** if the claim is being prepared by someone other than the claimant, enter the preparer’s full name and their best phone number to contact.

**Preparer’s Email Address:** if the claim is being prepared by someone other than the claimant, enter the preparer’s email address.

**City, State, Zip Code:** enter the city, state, and zip code of the claimant’s primary dwelling (DPA 599.638e).

**Branch Name:** enter program or branch name (may be abbreviated).

**Out-of-State/Country Document Number:** enter the out-of-state document number from the approved Out-Of-State Travel Approval Request form (STD 257).

**Headquarters Address:** enter street address of actual working headquarters. Headquarters is the established place where an employee spends the largest portion of the regular workday or time; the place returned to upon completion of special assignments; or the place defined by the Department of Human Resources (CalHR) in special situations (DPA 599.638e, 599.638. 1e).

**City, State, Zip Code:** enter the city, state, and zip code of the actual working headquarters (DPA 599.638e, 599.638. 1e).

## COLUMN ENTRIES

- (1) **Month/Year:** enter the month and year for which the expenses were incurred.
- (2) **Time Depart:** enter time departed from office using 24-hour (military) clock (example: 1700 = 5:00 p.m.) (DPA 599.638e, 599.638. 1c).
- (3) **Time Return:** enter time returned to the office using 24-hour (military) clock (example: 1700 = 5:00 p.m.) (DPA 599.638e, 599.638. 1c).
- (4) **Date:** enter date on which expenses were incurred. Show dates chronologically, from departure date through return date (DPA 599.638e, 599.638. 1c).
- (5) **Description of Expense and the Location of where it Incurred:** enter a brief description of the expense and the name of the city, state, or location where expenses were incurred.
- (6) **Lodging:** enter the actual cost of the lodging paid each day in accordance with and not to exceed the maximum amount authorized by current Department of Personnel Administration (DPA) regulations and bargaining agreements (SAM 0710). Itemized hotel invoices reflecting a \$0 balance is required.
- (7) **Breakfast, Lunch, Dinner:** enter the actual cost of each meal not to exceed the maximum amount authorized by current DPA regulations and in accordance with bargaining agreements.
- (8) **Incidentals:** The term for incidentals includes, but is not limited to, tips for services such as for porters, baggage carriers, and hotel staff. This does not include transportation fares such as lodging taxes, taxi, Uber, and Lyft. Enter the total actual cost of incidentals not to exceed the maximum amount authorized by current DPA regulations and agreements.
- (9) **Transportation:** purchase the least expensive round-trip or special rate ticket available. Otherwise, the difference will be deducted from the claim.
- (A) **Cost of Trans.:** enter the amount paid (if by check, cash, personal credit card) for transportation. Supporting receipt must be attached to the claim. If employee incurs no out-of-pocket expenses for transportation, leave this space blank.
- (B) **Type Used:** enter appropriate letter code:
- |    |                        |
|----|------------------------|
| A  | Commercial Aircraft    |
| B  | Bus                    |
| PA | Private Aircraft       |
| PC | Private Car            |
| R  | Rail                   |
| RC | Rental Car             |
| RS | Rideshare (Uber, Lyft) |
| SC | State Car              |
| T  | Taxi                   |
- (C) **Parking, Toll:** enter amount expended for fares (i.e., Regional Transit (RT), light rail, bridge and road tolls, and parking) while on official State business. Receipts for any charge exceeding \$10.00 for any one continuous period of parking must be attached to the claim.

**(D) Private Vehicle Use:** enter number of miles traveled on official State business in privately owned vehicle as authorized by current agreements and DPA regulations 599.631.

**(10) Business Expense:** enter amount expended for charges necessary to the completion of official State business. Emergency purchases of equipment, clothing or supplies, and all other charges in excess of \$1.00 require receipts and an explanation stated in box 17 (purpose of trip, remarks, and details).

**(11) Total Expenses for Day:** enter total daily costs detailed across each line.

**(12) Travel Claim Total**

**(13A) Total Expenses Paid by the Department (VCN, CTA, P-Card, SO-25):** enter the amount paid by the Department via the CTA, VCN, P-Card, or an SO-25. Amount will be deducted from Travel Claim Total.

**(13B) Total Revolving Fund Travel Advances:** enter the amount received for travel advance issued by the Revolving Funds. Amount will be deducted from Travel Claim Total.

**(14) Total Reimbursement to Claimant:** total amount due to the claimant.

**(15) Mileage Claimed:**

**Private Vehicle License Number:** enter license number of private vehicle or private aircraft used, when mileage is claimed (DPA 599.626c, 599.631a).

**Select appropriate mileage rate:** enter mileage rate claimed per private vehicle or move/relocation.

**(16A) Program Code:** enter 10-digit program code of program paying the trip expenses (i.e., 9999000731).

**(16B) Program Code %:** if expenses are split between two or more program codes, the percentage each program is paying must be listed.

**(17) Purpose of Trip, Remarks, and Details:** provide an explanation for each of the following circumstances:

- State briefly the purpose of each trip (SAM 0780).
- State the purpose of any meal claimed that is overtime, business related, board, committee, or commission meeting related, or conference/convention related (DPA 599.638d, 599.638. 1d).
- Explain all business expenses (phone calls, emergency purchases, and other charges).
- If lodging was shared with another employee, enter a statement to that effect, including the name of the employee. If alternative arrangements were made (i.e., stayed with family or friends in the area), enter a statement stating so.
- If other employees were transported in the same private vehicle, private aircraft, or State vehicle, indicate the names of those employees (DPA 599.626c, 599.631a).
- If expenses were incurred in a bordering state, incidental to travel between two points in California, note "Expenses in bordering state were incidental to work performed in California."

**(18) Claimant's Signature:** your signature certifies that expenses claimed were actually incurred as a result of conducting state business and that the cost of operating the vehicle is at or above the rate claimed.

**(19) Print Name of Approver and Signature of Approver:** claimant's supervisor or manager who certifies and authorized travel; approves expenses as incurred on State business. Employees should check with their immediate supervisor if they are unsure who has signature authority for their unit.