

TRAVEL EXPENSE CLAIM (TEC) INSTRUCTIONS

When completing your expense claim for eligible travel costs, please follow the instructions below. For your reference, each corresponding field has been numbered on the sample TEC form provided on page 2 of this document. Please note that receipts are required for all expenses except mileage in a private car. Refer to the Eligible Travel Costs section on page 3 of this document for restrictions on costs. In addition, two examples of completed TECs have been provided on pages 4 and 5 of this document for your reference.

CLAIMANT INFORMATION – At the top of the TEC, enter your name (1), the last four digits of your Social Security Number (2), your telephone number (3), residence address (4), city (5), and zip code (6). Note: You must provide a street address; do not enter a PO Box. Certain fields (e.g., Civil Service Classification, Branch Name, etc.) have been pre-populated for you with the appropriate program information.

MONTH/YEAR – Enter the numerical designation of month (7) and year (8) in which the first expenses shown on the form were incurred.

TIME DEPART/TIME RETURN & DATE – Enter the time of departure (9), time of return (10), and date (11) on the appropriate lines using "am" and "pm." If departure and return are on the same date, enter departure time and return time on the same line.

LOCATION WHERE EXPENSES WERE INCURRED – Enter the name of the city, town, or other location where expenses were incurred (12).

LODGING – Enter the actual cost of lodging (13). Lodging in Sacramento County may not exceed \$95, before taxes. Claims submitted for more than this amount will only be reimbursed up to \$95 and any taxes will be reimbursed at a proportionally reduced rate.

BREAKFAST/LUNCH/DINNER – Enter the actual cost of breakfast (14), lunch (15), and dinner (16). Each meal must not exceed the maximum amount detailed in the Eligible Travel Costs section on page 3 of this document

INCIDENTAL – Enter the actual cost of incidentals (17) not to exceed the maximum amount detailed in the Eligible Travel Costs section on page 3 of this document

COST OF TRANSPORTATION – Enter the cost of purchased transportation (18). Note: If renting a vehicle, costs for the rental and for the fuel should be listed separately under Transportation. Claimants renting vehicles may not be reimbursed for travel via mileage.

TYPE OF TRANSPORTATION – Enter the method of transportation used (19). Use "R" for railway, "B" for bus, shuttle, airporter, light rail, or BART, "A" for commercial airline, "PC" for privately owned vehicle, "SV" for specially equipped vehicle for individuals with a disability, "SC" for State vehicles, "T" for taxi, "RC" for rental vehicles, and "F" for fuel. Note: Fuel may only be claimed when renting a vehicle. Claimants using a privately-owned vehicle should claim mileage – see PRIVATE CAR.

TOLLS/PARKING FARES – Enter bridge/road tolls and parking charges (20).

PRIVATE CAR – Enter the number of miles traveled (21). When completing the TEC as a PDF, the amount due for mileage (22) will automatically calculate using the standard privately owned vehicle mileage rate (58 cents per mile). Enter the license number of the privately-owned vehicle used under Private Vehicle License number (27) near the bottom of the TEC.

BUSINESS EXPENSE – Do not enter any charges under business expense (23).

TOTAL EXPENSES FOR DAY – When completing the TEC as a PDF, the total expenses (24) will calculate automatically based on costs provided in each subcategory.

NORMAL HOURS/PRIVATE VEHICLE LICENSE # – Enter your normal working hours (25, 26) and the license plate number (27) if a privately-owned vehicle was used for travel.

PURPOSE OF TRIP and/or EXPLANATION OF BUSINESS EXPENSES – "2019 Specialty Crop Block Grant Program Technical Review Committee Meeting" is already provided (28). However, if there are any unusual expenses for which costs are being claimed, provide an explanation of said expenses.

TOTAL CLAIM – When completing the TEC as a PDF, the total claim (29) will calculate automatically based on costs provided on each line.

CLAIMANT'S CERTIFICATION AND SIGNATURE – Once complete, print out the TEC and add your signature (30) and the date (31) in blue or black ink. Your signature certifies that expenses claimed were actually incurred as a result of conducting official business of the State of California and that the cost of operating the vehicle, if applicable, is at or above the rate claimed.

ELIGIBLE TRAVEL COSTS

Members of the TRC can receive reimbursement for eligible travel costs. To ensure your costs are reimbursed, please follow the guidelines listed below. (Note: Receipts are required for all expenses except mileage in a personal vehicle.)

Hotel costs:

- TRC members must comply with the California state rate of \$95 per night plus tax for Sacramento County. Hotel costs that exceed the allowable Sacramento County state rate will only be reimbursed up to \$95 plus tax.
- Only members residing more than 50 miles away from Sacramento are eligible for hotel reimbursement.

Meals and incidentals:

- Breakfast: \$7 maximum. Travel must begin before 6:00 am to claim breakfast on a travel day.
- Lunch: Provided by CDFA.
- Dinner: \$23 maximum. Travel must end after 7:00 pm to claim dinner on a travel day.
- Incidentals: \$5. Travel must last at least 24 hours to claim incidentals.

Transportation:

- Car rental: \$35.01 daily max, excluding fuel costs; receipt required.
- Fuel cost: Receipt required.
- Personal vehicle mileage: \$0.58/mile; car license plate number required.
- Tolls: Receipt required
- Parking: Up to \$10 without receipt, amounts over \$10 require a receipt.
- Airfare and baggage fees: Receipt that lists price and payment.
- Amtrak: Ticket/receipt that lists price.
- Taxi, Uber/Lyft, Shuttle, etc.: Receipt that lists price.

Reminders:

- Sign TEC on the signature line titled "Signature of Claimant".
- Include the last four digits of your social security number.
- Faxed or scanned TEC copies will not be accepted or processed.
- Do not send any TECs or receipts to Financial Services.
- Keep a copy of your TEC and receipts for your records.
- TECs must be completed in black or blue ink with no whiteout/correction tape.

Mail signed TEC with original receipts to:
California Department of Food and Agriculture
Office of Grants Administration
1220 N Street, Room 120
Sacramento, CA 95814
Attention: Christina Mitchell

**For assistance, please contact Christina Mitchell
at (916) 657-3231 or christina.mitchell@cdfa.ca.gov**

TRAVEL EXPENSE CLAIM

Forward Original and One Copy
With All Required Receipts To:
Office of Grants Administration
Room 120

DEPARTMENT OF FOOD AND
AGRICULTURE
(D-27)(Rev 6/18)

- Travel
 Training

Out-of-State Trip?

Claimant's Name Jane Traveler		Social Security Number 1234	Page 1	of 1
Civil Service Classification Technical Review Committee Member	Bargaining Unit & Designation 2019 SCBGP	Branch Name CDFA Office of Grants Administration	Telephone Number 123-456-7890	
Residence Address (PO Box Only is Unacceptable) 1234 A Street		Headquarters Address 1220 N Street, Room 120		
City Palm Springs	Zip Code 92240	City Sacramento	Zip Code 95814	

Month/Year	Date	Location Where Expenses were Incurred (Between What Points)	Per Diem					Transportation				Business Expense	Total Expense for day	
			Lodging	Breakfast B	Lunch L	Dinner D	Incidental	Cost of Trans	Type	Tolls/ Parking fare	Private car Miles			Amount
03	2019	LAX to SMF (Airfare)	91.00			23.00		250.00	A			0.00		364.00
		SMF to Sacramento Hotel						20.00	B			0.00		20.00
	6PM	9/13 Sacramento Hotel to SMF		7.00				20.00	B			0.00		27.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00

EXAMPLE 1

Normal Hours: **8 to 5** | Remarks or Details and Explanation of Business Expenditures (Attach Vouchers/Receipts when required):
2019 Specialty Crop Block Grant Program Technical Review Committee Meeting

Pvt Veh Lic # _____
Rate Claimed: **0.58 per Mile**
State Veh # _____

Accounting Use Only Paid by Revolving Fund Check #	Conference or Convention Attendance Under DFA 599.635 Approved	Total Revolving Fund Advances for Month	Total Claim 411.00
	Signature of Department Head or Designee	\$ _____	

I HEREBY CERTIFY, that the above is a true statement of the travel expenses incurred by me in accordance with DFA 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 in 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.

Jane Traveler 04/01/2019 _____ _____
Signature of Claimant Date Signature of Officer Approving Payment Date

Accounting Use Only		Program Use		Accounting Use Only			
Line #	FY	%	Program Code	Reporting Structure	Account Code	Amount	Taxable
		100	9999000804				

TRAVEL EXPENSE CLAIM

Forward Original and One Copy
With All Required Receipts To:
Office of Grants Administration
Room 120

DEPARTMENT OF FOOD AND
AGRICULTURE

- Travel
 Training

Out-of-State Trip#

Claimant's Name Jamal Reviewer		Social Security Number 8789		Page 1	of 1
Civil Service Classification Technical Review Committee Member		Beginning Unit & Designation 2019 SCBGP		Telephone Number 123-456-7890	
Residence Address (PO Box Only is Unacceptable) 9876 Z Street			Headquarters Address 1220 N Street, Room 120		
City San Francisco		Zip Code 94101		City Sacramento	
				Zip Code 95814	

Month/Year	D a t e	Location Where Expenses were Incurred (Between What Points)	Per Diem					Transportation				Business Expense	Total Expense for day	
			Lodging	Breakfast B	Lunch L	Dinner D	Incidental	Cost of Trans	Ty p e	Tolls/ Parking Fees	Private car Miles			Amount
03	2019	LAX to SMF (airfare)								10.00	88.00	47.96		57.96
		SMF to hotel									88.00	47.96		47.96
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00

EXAMPLE 2

Normal Hours 8AM to 5PM	Remarks or Details and Explanation of Business Expenditures (Attach Vouchers/Receipts when required) 2019 Specialty Crop Block Grant Program Technical Review Committee Meeting
Pvt Veh Lic # 1ABC234	
Rate Claimed 0.58 per Mile	
State Veh #	

Accounting Use Only Paid by Revolving Fund Check #	Conference or Convention Attendance Under DFA 599.635 Approved	Total Revolving Fund Advances for Month \$	Total Claim 105.92
	Signature of Department Head or Designee		

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 in 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.

Jamal Reviewer

09/15/2018

Signature of Claimant

Date

Signature of Officer Approving Payment

Date

Accounting Use Only		Program Use		Accounting Use Only				
Line #	FY	%	Program Code	Reporting Structure	Account Code	Amount	Non-Taxable	Taxable
		100	9999000804					