



Attach appropriate receipts and submit approved form to Accounts Payable SA2750.

EMPLOYEE PAYMENT REQUEST (Receipts need to be taped to an 8 1/2 x 11 piece of paper)

To display the request form, please select your payment type.

☒ Travel Expense Claim ☐ Travel Advance ☐ Hospitality Expense Claim ☐ Other Reimbursements

Clear
Transaction
Data

Claimant's Name	NetID	Payee Name (if different than claimant)	Department
Student's First and Last Name	Student's NetID	N/A	Center for Student Research
Mailing Address (Street, City, State, Zip Code)	Phone	Normal Work Days	Normal Work Hours
Student's mailing address	Student's #		
		If claiming	Vehicle License
		Mileage Costs ->	

Purchased by University (includes CSUEB Travel Card)

DATE (mm/dd/ yy)	TIME (24 hours clock, HH:mm)	LOCATION(S) OF EXPENSE (Include both start and end locations on the same line)	LODGING DAILY CHARGES ¹	MEALS ²			AIRFARE & BAG FEES ^{4&5}	RENTAL CAR & FUEL ⁶	TAXI, TOLLS, SHUTTLE, PARKING ⁷	REGISTR- ATION FEE ⁹	OTHER BUSINESS EXPENSES ¹⁰	TOTAL EXPENSES
				BREAKFAST	LUNCH	DINNER						
6/3/17	8-20	San Diego, CA					295.97			180.00		\$475.97
+	-	Subtotals:					\$295.97			\$180.00		\$475.97

Note: Always click [here](#) to check the current mileage rate.
Overwrite the default value with any updated mileage rate.

☒ Business Related ☐ Relocation

Advance to / Purchased by Employee

DATE (mm/dd/ yy)	TIME (24 hours clock, HH:mm)	LOCATION(S) OF EXPENSE List all expenses paid by the traveler	LODGING DAILY CHARGES ¹	MEALS ²			INCIDENTALS ³ (not allowed on the first day of travel)	AIRFARE & BAG FEES ^{4&5}	RENTAL CAR & FUEL ⁶	TAXI, TOLLS, SHUTTLE, PARKING ⁷	PRIVATE CAR USE ⁸			REGISTR- ATION FEE ⁹	OTHER BUSINESS EXPENSES ¹⁰	TOTAL EXPENSES
				BREAK- FAST	LUNCH	DINNER					MILES	MILEAGE RATE	AMOUNT			
6/3/17	20:30	OAK to San Diego, CA	213.21		28.00	2.00						0.535	0.00			243.21
6/4/17	8-20	San Diego, CA	213.21	11.00	7.95	4.30						0.535	0.00			236.46
6/5/17	8-20	San Diego, CA	213.21	8.03								0.535	0.00			221.24
6/6/17	8-20	San Diego, CA	213.21	10.72		19.28						0.535	0.00			243.21
6/7/17	8-20	San Diego, CA	213.21	15.30	13.19							0.535	0.00			241.70
6/8/17	23:00	San Diego, CA to OAK		9.16	5.35	15.49						0.535	0.00			30.00
+	-	Subtotals:	1,066.05	54.21	54.49	41.07						0.00				1,215.82

Purpose/Remarks	I attended the NSAPSPA for a verbal research presentation, from 6/4 to 6/8/2017. The conference was in San Diego, Ca. The University paid for my flight and registration. I am requesting reimbursement for meals and lodging.	Total Claim:	\$1,691.79
		Less: amount purchased by university:	\$475.97
		Amount advance to / purchased by employee:	\$1,215.82
		Less: advance made payable to the traveler:	
		Amount to be reimbursed to traveler:	\$1,215.82
		<i>Reimbursement Allowable (if applicable):</i>	

Cost Distribution Is this an expense to be paid by Foundation ("W" Fund)? ☐ Yes ☒ No

Account	Fund	DeptID	Program	Class	Project	Amount
606001 Travel-In State						\$1,215.82
Please Select One or Clear to Enter Manually...						
+	-	Total (For Travel Expense Claim, must match the amount advanced to / purchased by employee; For all others, must match total claim):				\$1,215.82

Signatures	I HEREBY CERTIFY that a) I received authorization to travel; b) this travel was necessary to conduct official business; c) expenses are allowable, true and accurate in accordance with University Travel Policy and procedures; d) meal expenses being claimed does not include alcoholic beverage(s) and I will not seek reimbursement from any other source; e) if requesting car rental or mileage reimbursement, prior to traveling I have satisfied the State Defensive Driving Training requirements, and, for mileage, have completed form STD261.			
	Claimant's Name (Print)	Student's First and Last Name	Signature	Date:
	I HEREBY CERTIFY that a) I have authorization to approve travel; b) I have Delegation authority to spend, if not then in addition to my signature the person with Delegation Authority (DOA) has signed below; c) expenses requested are ordinary, necessary, reasonable, not extravagant and supported by a business purpose or justification, as appropriate; d) expenses are in accordance with CSUEB Travel Policy and procedures. (Approving Authority is defined as a person to whom authority has been delegated in writing to approve expenses in accordance with University policy.)			
	Approving Authority's Name (Print)	CSR Director's Name	Signature	Date:
	PI/Dept Approval/DOA, If Any, Name (Print)		Signature	Date:
+	-	(Click to add (or subtract) lines if additional PI/Department Approval/Delegation Authority (DOA) signatures are required.)		



Attach appropriate receipts and submit approved form to Accounts Payable SA2750.

EMPLOYEE PAYMENT REQUEST (Receipts need to be taped to an 8 ½ x 11 piece of paper)

Payment	Select how you would like to have your payment handled:			Accounting Use Only	Vendor Number		AP Comment
	<input type="checkbox"/> Direct Deposit - the best way to receive your payment. Complete the Employee Reimbursement Direct Deposit Authorization form. (You only need to do this once) Click here to obtain the form. Email notification when check is ready to be picked up at the Cashier's window first floor of the Student Services and Administration building on the Hayward Campus. Email: <input type="text"/>				Voucher Number		
	<input type="checkbox"/> Mail to the mailing address provided above				<input type="checkbox"/> Defensive Driving Certification on File	<input type="checkbox"/> 261 on File	AP Initials

Travel Related Questions, Refer to [CSUEB Travel Website](#)
or Contact Accounts Payable Manager Lana Lewis at x52854
Last Updated: January 10, 2017

The following notes are **only** summary reminders and **not** the entire travel procedures and policy, which you **must** adhere to. **In addition**, these notes may not be applicable to international travel or travel outside the 48 contiguous United States)

- i. Receipts are required for expenses greater than \$75.00. Tape all little receipts on an 8 ½ x 11 piece of paper.
- ii. Expenses must be business related and necessary for the purpose of the trip, and must be ordinary, reasonable and not extravagant. List the purpose of the travel in the Purpose/Remarks box.
- iii. Notes for "Purchased by University" Section and "Advance to/Purchased by Employee" Section
 - (1) **Lodging:** maximum allowable \$275 per night, excluding taxes unless written pre-approval is received prior to travel and attached to your Employee Payment Request.
 - (2) **Meals:** maximum allowable, including tips, is \$55.00 per day. Allowable tips are not to exceed 20% of the total bill.
 - (3) **Incidentals:** not allowable for the first day of travel, thereafter the maximum allowable is \$7.00 per day for traveling within the continental United States. Travel outside the continental United States uses per diem rate.
 - (4) **Airfare or other commercial carrier:** maximum allowable is based on the most economical mode of transportation and the most commonly traveled route consistent with the purpose of the trip.
 - (5) **Baggage fee:** maximum allowable is based on reasonable and necessary amounts for the business purpose and length of the trip.
 - (6) **Car Rental:** You must have a current defensive driving certificate or complete the defensive driving training prior to travel.
 - (7) **Airport/Hotel parking:** valet parking charges or premium parking charges in excess of normal parking charges are not allowable, unless the traveler obtains an exception.
 - (8) **Mileage:** You must have a current defensive driving certificate or complete the defensive driving training prior to travel. In addition, you must also have a current STD261 form on file or complete one prior to travel. Mileage reimbursement cannot exceed the most economical mode of transportation available. Enter Vehicle License in the box at the top right of this form.
 - (9) **Registration Fee:** Use account 660009.
 - (10) **Other: Insurance** is compulsory for international travel. Insurance Premiums vary depending on travel categories and duration of travel. Visit the [Foreign Travel](#) website for more information.

CALIFORNIA STATE
UNIVERSITY
EAST BAY

Frank Ely <frank.ely@csueastbay.edu>

Fwd: [REDACTED]

Fri, May 19, 2017 at 4:58 PM

----- Forwarded message -----

From: trips@globaltrav.com <trips@globaltrav.com>

Date: Fri, May 19, 2017 at 3:48 PM

Subject: Travel Itinerary ELY 06.03.2017 SAN

To:

Cc: [REDACTED]

Created 5/19/2017 4:47 PM MDT



For a single calendar entry click here

Travel Itinerary

Agency Booking Confirmation Number: [REDACTED]

Passenger Names

[REDACTED]

Phone Contacts

Please verify itinerary for accuracy



Southwest Airlines - Flight Number 4533

Confirmation: OV8N88

Departure: Sat, 06/3/2017 9:05 AM

Arrival: Sat, 06/3/2017 10:30 AM

Equipment: 73H

Departure City: Oakland, CA (OAK)

Arrival City: San Diego, CA (SAN)

Departing Terminal: 2

Arrival Terminal: 1

Travel Time: 1 hour(s) 25 minute(s)

Status: Confirmed By Agent

Class of Service: L - Economy

Add flight to Calendar

Baggage Info

Weather

[CHECK IN NOW](#)

Seat Assignments:

AIRLINE DOES NOT OFFER ADVANCE SEATING



Southwest Airlines - Flight Number 523

Confirmation: OV8N88

Departure: Thu, 06/8/2017 6:50 PM	Arrival: Thu, 06/8/2017 8:15 PM	Equipment: 73W
Departure City: San Diego, CA (SAN)	Arrival City: Oakland, CA (OAK)	
Departing Terminal: 1	Arrival Terminal: 2	Travel Time: 1 hour(s) 25 minute(s)
Status: Confirmed By Agent	Class of Service: L - Economy	Add flight to Calendar Baggage Info Weather Check-in Now
Seat Assignments:		
AIRLINE DOES NOT OFFER ADVANCE SEATING		

Invoice Detail

[REDACTED]		
Southwest	Issue Date: 05/19/2017	Amount: \$285.97
[REDACTED]		
[REDACTED]		
Professional Fee: 8900693667590	Issue Date: 05/19/2017	Amount: \$10.00
VI Ending in: 9421		
		Total Fare: USD \$295.97
		Total Amount Due: 0.00

General Remarks

This ticket is non-refundable
Failure to cancel at least 1 hour prior to departure
will result in the forfeiture of the entire ticket value

Federal law prohibits certain hazardous materials such
as aerosols and flammable liquids aboard the aircraft.
For details and a complete list of restricted items go to
HTTP://WWW.FAA.GOV/ABOUT/INITIATIVES/HAZMAT_SAFETY/
AIR:GOVT ISSUED PHOTO-ID REQUIRED FOR ALL PASSENGERS OVER AGE 18
ORDERED BY: EVRANJEET

NASSPA 2017	Kore Tiki	Boardroom	Macaw	Toucan
Saturday (6/5)				
5:00-8:00 pm			Exec Comm Meeting Dinner	
Sunday (6/4)				
8:00-1:00 pm			Exec Comm Pre-Conference Meeting (Suite 308 To Right Side of Swimming Pool)	
4:00-6:15 pm			Conference Welcome and Dinner (Suites 308 To Right Side of Swimming Pool) (KORE TIKI)	
6:15-7:00 pm			Debriefing Dinner followed by Conference Gala Photo	
7:00 PM			Dinner Reception (Place) (Dinner on your own)	
Monday (6/5)				
6:30-7:45			Program Chairs' Conference and 2018 Breakfast Meeting Suite 308 To Right Side of Swimming Pool	
8:00-9:15*			9. MLC Symposium: Contextual 10. MD Exploration of Perceived Interference Effect 11. Motor Competence	
9:15-9:30			Refreshment Break	
9:30-10:00			MLC/JANUS - Kan/Tiki	
11:15-12:00*			13. SEP Symposium: Implicit Processes 14. SEP Understanding Youth Development 15. MLC Symposium: Noninvasive brain stimulation Proficiency Barrier	
12:30-2:15			Lunch on your own (Place) Presentation: On the beach (Student Staffing Lesson)	
2:15-3:45			18. SEP Symposium: Psychophysiological Insights 19. SEP Coach Athlete Relationships 20. MLC Types of Learning & Feedback 21. MD Conceptual & Assessment Issues in Motor Competence	
4:00-5:30			22. Poster Session 1 (04:00-5:00) - First 45 min, Elevators closed 45 min - Put up posters by 4:00 then None - ROUSSEAU	
5:45			Dinner on your own (Student Meeting at 5:45 in Boardroom followed by Student Social in ballroom on back 5:45) - CASH BAR	
Tuesday (6/6)				
6:30-7:45			SEP Editorial Board: Honorary Members' Breakfast Meeting Suite 308 To Right Side of Swimming Pool	
8:00-9:30			26. SEP Mental Health, Performance & Burnout 27. SEP Youth Sport - Behavior Motivation and Measurement Transfer 28. MLC Types of Practice & Transfer 29. MD Motor Competence in Early Childhood	
9:30-9:45			Refreshment Break	
9:45-10:35			MD/JANUS - Kan/Tiki	
11:15-11:45			Put up last lunch - Bring your abstract (KORE TIKI)	
11:45-1:30			Awards Luncheon and Business Meeting - BOY LUNCHEON SEVEN	
1:30-2:15			Presentations and Disputations Session A and B	
2:15-3:30			2016 Early Career Distinguished Scholar Award Presentation	
3:45-5:15			33. SEP Symposium: Youth Sport through Developmental Lens 34. SEP Exercise and Cognition 35. MLC Attentional Focus Influence Self-Regulation 36. MD Symposium: Factors that Influence Self-Regulation	
5:30-7:00			37. Poster Session 2 (04:15-5:00) - First 45 min, Elevators closed 45 min - Put up posters by 4:15 then None - ROUSSEAU	
7:00			Dinner on your own - CASH BAR	
Wednesday (6/7)				
6:30-7:45			MLD Editorial Board: Honorary Members' Breakfast Meeting Suite 308 To Right Side of Swimming Pool	
8:00-9:15*			41. SEP Athletic Performance 42. SEP Exercise Performance 43. MLC Exercise Interventions & Motor Control 44. MD Gross and Fine Motor Competence in Children	
9:15-9:30			Refreshment Break	
9:30-10:00			SEP/JANUS - Kan/Tiki	
11:15-12:30*			48. SEP Symposium: Coach Athlete Relationships 49. SEP Exercise Promotion 50. MLC Symposium: Sleep on the Motor Program 51. MD Parental and Socio-cultural Influences	
12:30-2:00			Lunch on your own (Place) Conference Chair Meeting: Training and Current State 308 To Right Side of Swimming Pool	
2:00-3:15*			54. SEP Symposium: Nonverbal Behavior 55. SEP Physical Activity Predictors 56. MLC Motor Control in Special Populations 57. MD Typically and Atypically Developing Infants	
3:30-4:45*			59. SEP Athletic Performance 60. SEP Exercise Motivation 61. MLC Neurocognitive Perspective 62. MD Older Children & Children with Special Needs	
5:00-6:30			63. Poster Session 3 (04:15-5:00) - First 45 min, Elevators closed 45 min - Put up posters by 4:15 then None - ROUSSEAU	
7:00			Dinner on your own - Conference Dinner	
Thursday (6/8)				
			Travel home! See you next year!	

CATAMARAN

RESORT and Spa HOTEL

3999 Mission Boulevard
San Diego, CA 92109
Phone: (858) 488-1081

ARRIVAL 06/03/17
DEPARTURE 06/08/17
NO. IN PARTY 4
RATE 189.00

ACCT NO.

ROOM NO. 112

NO.	DATE	DESCRIPTION	AMOUNT
1	06/03/2017	ROOM CHARGE -	\$189.00
2	06/03/2017	*SDTMD ASSESSMENT - SDTMD ASSESSMENT	\$3.78
3	06/03/2017	TRANSIENT OCC TAX - TRANSIENT OCC TAX	\$19.84
4	06/03/2017	CA TOURISM ASSESSMENT - CA TOURISM ASSESSMENT	\$0.59
5	06/04/2017	ROOM CHARGE -	\$189.00
6	06/04/2017	*SDTMD ASSESSMENT - SDTMD ASSESSMENT	\$3.78
7	06/04/2017	TRANSIENT OCC TAX - TRANSIENT OCC TAX	\$19.84
8	06/04/2017	CA TOURISM ASSESSMENT - CA TOURISM ASSESSMENT	\$0.59
9	06/05/2017	ROOM CHARGE -	\$189.00
10	06/05/2017	*SDTMD ASSESSMENT - SDTMD ASSESSMENT	\$3.78
11	06/05/2017	TRANSIENT OCC TAX - TRANSIENT OCC TAX	\$19.84
12	06/05/2017	CA TOURISM ASSESSMENT - CA TOURISM ASSESSMENT	\$0.59
13	06/06/2017	ROOM CHARGE -	\$189.00
14	06/06/2017	*SDTMD ASSESSMENT - SDTMD ASSESSMENT	\$3.78
15	06/06/2017	TRANSIENT OCC TAX - TRANSIENT OCC TAX	\$19.84
16	06/06/2017	CA TOURISM ASSESSMENT - CA TOURISM ASSESSMENT	\$0.59
17	06/07/2017	ROOM CHARGE -	\$189.00
18	06/07/2017	*SDTMD ASSESSMENT - SDTMD ASSESSMENT	\$3.78
19	06/07/2017	TRANSIENT OCC TAX - TRANSIENT OCC TAX	\$19.84
20	06/07/2017	CA TOURISM ASSESSMENT - CA TOURISM ASSESSMENT	\$0.59
21	06/08/2017		(\$1,066.05)

* Balance Due *

\$0.00

* SAN DIEGO TOURISM MARKETING DISTRICT ASSESSMENT

REGARDLESS OF CHARGE INSTRUCTIONS, I AGREE THAT MY PERSONAL LIABILITY FOR THIS BILL IS NOT WAIVED AND I AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY, OR ASSOCIATION FAILS TO PAY FOR ANY PART OF THE CHARGES. THE HOTEL'S LIABILITY IS LIMITED PURSUANT TO APPLICABLE LAW.

██████████

Welcome to Petco Park!

Home of the San Diego Padres.

CHECK: 6508

SERVER: 30036 Iris

DATE: JUN03'17 2:17PM

██████████
██████████
██████████
██████████
██████████

SUBTOTAL: 24.50

Tip: 3.50

28.00

Total:

██████████

Signature:

I agree to pay the above amount
per the cardmember agreement

6/3/17

Welcome to Petco Park!

Home of the San Diego Padres.

CHECK: 6533

SERVER: 30036 Iris

DATE: JUN03'17 2:57PM

██████████
██████████
██████████
██████████

SUBTOTAL: 12.50

Tip:

Total:

Signature:

I agree to pay the above amount
per the cardmember agreement

Lunch = 28.00

Dinner

Total = \$30.00

6/4/2017 8:49

Snack Shack

Check: 20011545

Server: Humberto

Terminal: 2001

Snack Shack

Rest\Bar

1 LATTE

1 Muffin

Sub-Total

Min Wage Surcharge*

Tip

Tax

Total

Cash

GRAND TOTAL

T2001 C1324 6/4/2017 08:49

Breakfast = 11.00

The Blend Superfood Bar

4121 Mission Blvd Jun 4, 2017

San Diego, CA 92109 11:32 AM

(858) 230-7475 Hernan

www.theblendsuperfoodbar.com

Ticket: #28

Receipt Td64

Tropical Smoothie

20oz

Total

Cash

Change

Lunch = 7.95

[Redacted]

6/4/17

Total: \$23.25

Catamaran

3999 Mission Blvd. San Diego CA

92109

Print Date/Time : 06/04/2017 6:05:45

Printed By : MDURAZO

Process At : Cata Gift Shop

Client : Cata Gift Shop Walk-in

Date : 06/04/2017 06:05 PM

Cashier : MDURAZO

Invoice : 0000703631

RefID - 768570

Keebler Snack Crackers (P)

Gatorade (P)

Total Purchase

Discount

Tip

Tax

Total Invoice

Payment Methods :

CASH-Cash

Payment ID 916764

CASH-Cash

Payment ID 916765

Total Paid :

RECEIPT

REQUIRED FOR RETURN/EXCHANGE

EXCLUDING TICKETS

Dinner = 4.30

6/5/17



6/5/2017 9:26

Lava Java

Check: 20020617

Server: Lava Java

Terminal: 2002

Snack Shack

Lava Java	3.95
1 LJ Bagel w/Cream	3.50
1 LJ Latte 12oz	

Subtotal	7.45
Tax	0.58
Total	8.03

Cash	20.00
Change	11.97

GRAND TOTAL 8.03

T2002 C7777 6/5/2017 09:27

Breakfast = \$8.03

6/6/17

06/06/17 09:51
SALES DRAFT

Lava Java

MERCH ID: 300001803324
CASHIER: LAVA Java
TERMINAL: 2002

[REDACTED]

AMOUNT: 10.72

CHECK:
TABLE:

SUBTOTAL: 10.72

GRATUITY:

TOTAL:

I agree to pay above total
amount according to my card
issuer agreement.

Customer Copy

Balance = 10.72

PB Alehouse
721 Grand Ave
858-581-2337

Server: Kalei
Table 41/3
Guests: 4

06/06/2017
10:19 PM
70082

Stella 22oz
BBQ Burger

9.00
13.95

Subtotal
Tax

22.95
1.78

Total

24.73

Balance Due 24.73

Thank You
Come Again !!!
Like Us on Facebook
<https://www.facebook.com/PacificBeachAleHo>
Visit us at www.pbalehouse.com

Dinner = 24.73

Total = 30.00

~~Balance = 10.72~~

Breakfast

Lunch

~~Breakfast~~

6/7/17

[REDACTED]

06/07/17

09:11

SALES DRAFT

Lava Java

MERCH ID: 300001803324
CASHIER: Lava Java
TERMINAL: 2002

[REDACTED]

[REDACTED]

AMOUNT: 15.30

CHECK: 20021340
TABLE:

SUBTOTAL: 15.30

GRATUITY:

TOTAL:

I agree to pay above total
amount according to my card
issuer agreement.

Customer Copy

06/07/17

12:52

SALES DRAFT

Morays Bar

MERCH ID: 300001803324
CASHIER: Sierra
TERMINAL: 1503

[REDACTED]

[REDACTED]

AMOUNT: 13.19

CHECK: 16045755
TABLE: 801B

SUBTOTAL: 13.19

GRATUITY:

TOTAL:

I agree to pay above total
amount according to my card
issuer agreement.

Customer Copy

Breakfast=
15.30

Lunch=
13.19

Total=

28.49

6/8/17

The Baked Bear

4516 Mission Blvd., C
San Diego, CA 92109
(858) 886-7433
www.thebakedbear.com
@thebakedbearsd

Jun 8, 2017
3:51 PM

Lafaina Beach House
710 Oliver Street
858-270-3888

Server: Saul
Fast Close/1
Guests: 0

06/08/2017
12:38 PM
10030

California Burrito

8.50

Subtotal
Tax

8.50
0.66

Total

9.16

CASH

Thank You

--- Check Closed ---

Breakfast = 9.16

Total = \$30.00

~~SALE~~
Lunch = 5.35



SAN DIEGO INT'L AIRPORT
3665 NORTH HARBOR DRIVE
SAN DIEGO, CA 92101

STORE: 01146 REG: 004 CASHIER: MEDILYN

OREO MINI COOKIES

44000015923 1 @ 4.99 4.99 N

CHIPS ANDY MINI SNAK SAK

044000007133 1 @ 4.99 4.99 N

CHEEZ IT ORIGINAL 7Z

024100204113 1 @ 3.99 3.99 N

VITAMIN WATER ORANGE RIS

786162002983 1 @ 2.99 3.04 N

CA Container Deposit .05.05

SUBTOTAL

TOTAL

AMOUNT TENDERED

SALE

TOTAL PAYMENT

Transaction: 63486

Comments/Inquiries? (800) 326-7711

or Comments@Hudsongroup.com

Thank you for shopping with us.



0634860114600406082017

Dinner = 17.01