



**Superior Court of California  
County of Santa Clara**

**GENERAL TRAVEL EXPENSE CLAIM INSTRUCTIONS**

Completion of the upper portion of the form in its entirety is mandatory. "Pony" is defined as the interoffice-mail address of the traveler's primary place of assigned employment. **Itemized** receipts provided should be arranged in chronological order and taped onto an 8 ½" x 11" sheet of paper. Do not use a highlighter on receipts, as this will remove the print on receipt(s).

1. **PURPOSE OF TRIP**-Explain in detail the need (business purpose) for travel. **Completion of this field is mandatory.**
2. **MON**-Select numerical designation of calendar month from drop down menu, in which expenses were incurred. Example: enter 12 (for December)
3. **YEAR**-Select year which travel/expenses occurred from drop down menu.
4. **DATE**-Select numeric date of the month from drop down menu. Example: enter 31 (for 12/31/2010)
5. **LOCATION**-Enter the location where the expenses were incurred.
6. **LODGING**-Enter the actual cost of lodging not to exceed the maximum authorized rate, plus tax per day. Each day of lodging must be listed separately, and a zero balance hotel folio **is mandatory.**
7. **MEALS**-Indicate actual amounts not to exceed maximum rates of \$8 for breakfast, \$12 for lunch, and \$20 for dinner (including tips). Meals provided by a vendor (e.g., a sponsoring organization) and alcoholic beverages are unallowable expenses and will **not** be reimbursed. It is the traveler's responsibility to communicate any dietary restrictions to the sponsoring organization. Meal reimbursements for one day trips are taxable and reportable income unless the travel included an overnight stay.
8. **INCIDENTALS**-Indicate actual amounts not to exceed the maximum rate of \$6 for **each FULL 24-hour period.** Incidentals may not be claimed or reimbursed for travel of less than 24 hours or for fractional parts of days. Meal tips should **not** be claimed in this category. Original receipts are **not** required for incidentals.
9. **TRANSPORTATION**-Reimbursement will be limited to the expense of the most efficient and least costly mode of transportation (regardless of the actual mode of transportation used).
  - A. Enter the cost of transportation. Example 210.00 (dollar amount)
  - B. Enter the method of transportation (drop down provided). Enter "A" for commercial airlines, "B" for bus, airport shuttle, light rail or BART, "PC" for privately owned vehicle, "R" for railway, or "T" for taxi or cab.
  - C. Enter parking charges, and bridge tolls (drop down provided). Enter "P" for parking and "T" for tolls. **Original receipts are mandatory** for all taxi fares, shuttle fares, bridge and road tolls, public ground transportation fares, and parking fees of more than \$3.50.
10. **PRIVATE CAR USE**-All mileage must be supported by providing a printout of driving directions from the MapQuest website (<http://www.mapquest.com/directions>). For travel conducted on a business day, a printout shall be provided for your total travel mileage to and from your training site based on the shortest distance. Provide another printout for your normal commute to and from work, based on the shortest distance. If your total travel mileage includes mileage from or to your home, the normal commute mileage (one-way roundtrip) will be deducted from your total mileage. For travel conducted on non-business days (Saturday/Sunday), mileage is reimbursed from your home address to the training site with no reduction for a normal commute. Enter the actual mileage; **DO NOT ROUND OFF.**
11. **REGISTRATION/MISC FEE**-Receipts are mandatory for all registration and misc. expenses except telephone charges of \$2.50 or less. However, **all** telephone calls must include a statement of the party called, place, and business purpose of the call.
12. **PRE PAID EXPENDITURE**-Enter applicable expenses which have been prepaid by the Court.
13. **CLAIMANT'S SIGNATURE AND DATE**-The claimant's (traveler's) signature and date signed are **mandatory.**
14. **APPROVED BY**-Your immediate Supervisor, Manager, or Division Director signature is required in this field. **This field is mandatory.**

Please complete the Travel Expense Request Form  
(HR-039) and then print for signatures.  
Submit to Judicial and Administrative Support for processing.

The information above is a **general** outline of procedures. **Actual reimbursements will be paid out in accordance with your Bargaining Unit MOU and JCC Travel Guidelines.**



CLAIMANT'S NAME			EMPLOYEE ID NO.	LABOR AFFILIATION <input type="checkbox"/> SCPEA <input type="checkbox"/> CEMA <input type="checkbox"/> EXEC. MANAGEMENT	
POSITION/TITLE			PHONE NO.	<input type="checkbox"/> JUDGES / COMMISSIONERS    OTHER _____	
RESIDENCE ADDRESS			PONY	TIME LEFT (HH MM AM/PM)	
CITY	STATE <b>CA</b>	ZIP CODE	EMAIL	TIME RETURNED (HH MM AM/PM)	
<b>(1) PURPOSE OF TRIP</b>					

**IMPORTANT REIMBURSEMENT INFORMATION - PLEASE READ.**

- 1) **LODGING:** Enter the actual cost of lodging not to exceed the maximum authorized rate, plus tax per day. Each day of lodging must be listed separately on this form. **Original receipts are required.**
- 2) **MEALS:** Qualifying meals may be claimed for **ACTUAL COST** up to the following limitations. Not to Exceed (NTE) **\$8 for breakfast, \$12 for lunch, and \$20 for dinner.** These amounts include an allowance for the tip. **Original receipts are not required for the meal reimbursement, however it is the traveler's responsibility to retain receipts and have them available for audit.**
- 3) **INCIDENTALS:** Incidentals of up to \$6 per day ( **for each full 24-hour period**) may be claimed. Incidentals do not need to be itemized. Common examples of incidentals include: Bellman tip, Housekeeping tip, Taxi tip. Meal tips are NOT part of this category since they are included in the meal allowance.
- 4) **TRANSPORTATION:** Actual cost of transportation up to the allowable limit. **Original receipts are required.**  
**TAXI, SHUTTLE, TOLLS, PARKING:** Actual costs are reimbursable. **Original receipts are required.**
- 5) **MILEAGE:** Allowable mileage traveled will be reimbursed at the current authorized rate. All mileage requests must be supported by a MapQuest map (enter the start and end points). Please indicate the actual mileage (do not round off).

(2) MON	(3) YEAR	(5) LOCATION WHERE EXPENSES WERE INCURRED	(6) LODGING	(7) MEALS			(8) INCIDENTALS (NTE \$6)	(9) TRANSPORTATION				(11) REGISTRATION/ MISC FEE(S)	TOTAL EXP. FOR DAY	
				BREAK- FAST (NTE \$8)	LUNCH (NTE\$12)	DINNER (NTE \$20)		(A) COST OF TRANS	(B) TYPE USED	(C) TOLLS PARKING	(10) PRIVATE CAR USE			
(4) DATE	TIME									MILES	COST			
CLAIM SUBTOTAL														
PRE PAID EXPENDITURES (12)														

MILEAGE RATE:

I hereby certify under penalty of perjury that the above claim is for actual expenses incurred by me for the performance of my services to the Court and such claim is true and correct in accordance with my corresponding MOU and the JCC Travel guidelines.

AMOUNT DUE

CLAIMANT'S SIGNATURE (13)	DATE	APPROVED BY (14)	DATE
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**JUDICIAL AND ADMINISTRATIVE SUPPORT USE ONLY**

GL#	WBS #	COST CENTER	FUND	ASSIGNMENT #	PECT	AMOUNT	SAP DOC#
Travel Authorization # TA 0220 -							
Vendor # E43-000							

