Superior Court of California
County of Santa Clara

CONTRACTORS TRAVEL EXPENSE REQUEST INSTRUCTIONS

Completion of the upper portion of the form in its entirety is mandatory. **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.   **DATES OF TRAVEL (TIME LEFT & TIME RETURNED)** – Enter your dates of service. Please include the time left and the time returned.

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**/2022)

5.   **LODGING** - Enter the actual cost of lodging not to exceed the maximum authorized rate ($192), plus tax per day. Each day of lodging must be listed separately, and a zero balance hotel folio **is mandatory**.
No third-party websites should be used.

6.   **MEALS** - Indicate actual amounts not to exceed maximum rates of $16 for breakfast, $19 for lunch, and $28 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.

7.   **INCIDENTALS** - Indicate actual amounts not to exceed the maximum rate of $5 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. Original receipts are **not** required for incidentals.

8.   **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.
   D. **Mileage-** All mileage must be supported by providing a printout of driving directions. Contract Interpreters are not to claim mileage on this form. Submit mileage on the Interpreter Timesheet.

9.   **CLAIMANT'S SIGNATURE AND DATE** -The claimant's (traveler's) signature and date signed are **mandatory.**

10.   **SEND TO** – If you are a Court Interpreter please email completed forms within 30 days of the service date to Timesheets@scscourt.org. All other Contractors please email completed forms to APFinance@scscourt.org.

11.   **For Court Use Only:** Court Interpreter Unit will approve Interpreter claims. All other claims must be approved by the appropriate Division Director.

Note: Lodging and transportation must **NOT** be booked directly with third-party sites (ie: Priceline, Expedia, etc.).

The information above is a **general** outline of procedures. **Actual reimbursements will be paid out in accordance with your Contractor Service Agreement.**

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CONTRACTORS TRAVEL EXPENSE REQUEST FORM

CLAIMANT'S NAME	VENDOR NUMBER	TIME LEFT (HH MM AM/PM)
RESIDENCE ADDRESS	PHONE NO.	TIME RETURNED (HH MM AM/PM)
CITY STATE ZIP CODE	Purpose of Trip Contracted Services	DATES OF TRAVEL

IMPORTANT REIMBURSEMENT INFORMATION - PLEASE READ.

1) **LODGING:** Enter the actual cost of lodging not to exceed the maximum authorized rate ($192), 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) *$16 for breakfast, $19 for lunch, and $28 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 $5 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) **Submit claims within 30 days of service.**

(2) MON / (3) YEAR / (4) DATE	TIME	(5) LODGING	(6) MEALS BREAK-FAST (NTE $16)	LUNCH (NTE$19)	DINNER (NTE $28)	(7) INCIDENTALS (NTE $5)	(8) TRANSPORTATION (A) COST OF TRANS	(B) TYPE USED	(C) TOLLS PARKING	(D) MILEAGE	TOTAL EXPENSE FOR THE DAY
CLAIM SUBTOTAL											
Mileage Rate (Contract Interpreters should **NOT** claim mileage on this form)											

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 Contract Service Agreement.

TOTAL AMOUNT DUE:

CLAIMANT'S SIGNATURE (9)	DATE	APPROVED BY (11)	DATE

JUDICIAL AND ADMINISTRATIVE SUPPORT USE ONLY

GL #	WBS #	COST CENTER	FUND	ASSIGNMENT #	PECT	AMOUNT	SAP DOC #
938511		434073	110001	100282	1320		
938510		434073	110001	100290	1320		
938502		434073	110001	100286	1320		**Travel Authorization # TA 0220 -**
938502		434073	110001	100287	1320		
938502		434073	110001	101938	1320		
938502		434073	110001	101957	1320		
938502		434073	110001	100288	1320		
				TOTAL AMOUNT DUE:			