

Appendix A – Travel Instructional Videos

Travel Expense Claims

Travel Expense Claim - In State:

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION FRONT
TRAVEL EXPENSE CLAIM CT #7541-0620-9
 FA-0302 (REV 01/2020) Page 1 of 1

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (Section 552 et seq.) and the Information Practices Act of 1977 (IPA) (Civil Code Sections 1798 et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular
 See Instructions On Reverse Side

CLAIMANT'S NAME (First, Mi, Last) Cal Trans			CALTRANS EMPLOYEE ID NUMBER S1XXXXX			CONTACT PHONE NUMBER (916) 123-4567		
POSITION TITLE Transportation Engineer			B.U./M.D. R09			4-DIGIT UNIT # (Where check to be sent) XXXX		
CLAIMANT'S HOME ADDRESS 111 Broadway			HEADQUARTERS ADDRESS 1820 Alhambra Blvd			M.S. 25		
CITY Sacramento			STATE CA			ZIP CODE 95818		
CITY Sacramento			STATE CA			ZIP CODE 95816		

(1) MONTH/YEAR 01/20	(2) DATE	(3) LOCATION Jobsite and Where Other Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		(8) BUSINESS EXPENSE (Box 18)	(9) TOTAL EXPENSE FOR DAY
				BREAK-FAST	LUNCH	O.T. OR DINNER					MILES	AMOUNT		
08	0700	Home to Los Angeles	131.20			11.00	19.83		PC	P	10.00	12	6.90	178.93
09		Los Angeles	131.20	6.48	8.81	23.00	3.00		PC	P	10.00			182.49
10	1800	Los Angeles to Home		7.00	10.47		5.00	15.00	RC	P	10.00	12	6.90	54.37

Travel Expense Claim - LTA Rent & Utilities Method:

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION FRONT
TRAVEL EXPENSE CLAIM CT #7541-0620-9
 FA-0302 (REV 01/2020) Page 1 of 2

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CLAIMANT'S NAME (First, Mi, Last) Cal Trans			CALTRANS EMPLOYEE ID NUMBER S1XXXXX			CONTACT PHONE NUMBER (916) 123-4567		
POSITION TITLE Transportation Engineer			B.U./M.D. R09			4-DIGIT UNIT # (Where check to be sent) XXXX		
CLAIMANT'S HOME ADDRESS 111 Broadway			HEADQUARTERS ADDRESS 1820 Alhambra Blvd			M.S. 25		
CITY Sacramento			STATE CA			ZIP CODE 95818		
CITY Sacramento			STATE CA			ZIP CODE 95816		

(1) MONTH/YEAR 01/20	(2) DATE	(3) LOCATION Jobsite and Where Other Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		(8) BUSINESS EXPENSE (Box 18)	(9) TOTAL EXPENSE FOR DAY
				BREAK-FAST	LUNCH	O.T. OR DINNER					MILES	AMOUNT		
01	Cont.	LTA Rent and Utilites	1081.09			10.00			PC		22	12.65		1,103.74
02		Barstow				10.00								10.00
03	1700	Barstow to Home (Friday)				5.00			PC		407	234.03		239.03

Travel Expense Claim - LTA Daily Rate Method:

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See Instructions On Reverse Side

CLAIMANT'S NAME (First, Mi, Last) Cal Trans		CALTRANS EMPLOYEE ID NUMBER S1XXXXX		CONTACT PHONE NUMBER (916) 123-4567	
POSITION TITLE Transportation Engineer		B.U./M.D. R09		4-DIGIT UNIT # (Where check to be sent) XXXX	
CLAIMANT'S HOME ADDRESS 111 Broadway			HEADQUARTERS ADDRESS 1820 Alhambra Blvd		
CITY Sacramento		STATE CA	ZIP CODE 95818	CITY Sacramento	STATE CA
(1) MONTH/YEAR 01/20		(3) LOCATION Barstow	(4) LODGING 23.39	(5) MEALS BREAK-FAST LUNCH	(6) INCIDENTALS
(2) DATE 01	TIME Cont.	Jobsite and Where Other Expenses Were Incurred		O.T. LT. OR DINNER	(7) TRANSPORTATION (A) COST OF TRANS. (B) TYPE USED (C) CARFARE, TOLLS, PARKING (D) PRIVATE CAR USE MILES AMOUNT
					(8) BUSINESS EXPENSE (Box 18) 12.65
					(9) TOTAL EXPENSE FOR DAY 60.04
02		Barstow	23.39		
03	1700	Barstow to Home (Friday)		24.00	PC
					407 234.03
					258.03

Travel Advance Request:

Concur Reservation (Coming Soon)