

SDSU RESEARCH FOUNDATION TRAVEL REIMBURSEMENT GUIDELINES

Documentation Requirements

- Receipts are required and shall be submitted for every item of expense with the following exceptions unless the grant/contract requires itemized receipts for all expenditures:
 - > Bus, rapid transit, and ferry fares; bridge and road tolls, if expenditure is less than \$75.
 - > Ride share, taxi, or shuttle fares under \$75 when used for official business.
 - > All allowable and miscellaneous expenditures totaling less than \$75.
 - > Parking fees of \$75 or less for any continuous period of parking.
- Identify/describe miscellaneous expenses that do not require receipts; attach a separate sheet if needed.
- For conference or meeting travel, attach a copy of registration or meeting/conference agenda.
- Per diem claims require a conference or meeting agenda.
- A \$0 balance or “paid in full” should be reflected on the documentation for flight itinerary, hotel folios, registration confirmation, and car rental documentation
- Hospitality form is needed if food was purchased for other travelers based on SDSURF Hospitality policy.
- Travel Roster is needed if the individual being reimbursed pays for any expenses for other travelers.
- Currency conversion rates/bank statement is needed for each receipt with foreign currency. (i.e. OANDA rates).

For per diem meal rates, access the following websites for specific rates:

Domestic (Continental US) <https://www.gsa.gov/travel/plan-book/per-diem-rates>

Alaska, Hawaii and US territories <https://www.travel.dod.mil/Travel-Transportation-Rates/Per-Diem/Per-Diem-Rate-Lookup/>

International https://aoprals.state.gov/web920/per_diem.asp

Trip Information Details By Column

- (a) Date:** Enter travel dates in MM/DD/YY format
- (b) Description:** Detailed description of expense item(s); "Other" is not an acceptable description
- (c-f) Per Diem MI&E:** Enter per diem amounts by location for meals and incidentals for the dates travel.
- (g) Lodging:** Lodging costs incurred during travel. Per policy, an itemized hotel folio or receipt is required.
- (h) Transportation:** Cost includes airfare, rideshare, taxi, bus, or shuttle fares
- (i) No. of Miles:** Enter number of miles driven for the day; Documentation for start and end locations is required.
- (k) Mileage:** Calculates mileage cost using current SDSURF rates.
- (l) Other Expenses:** Enter amount of other expenses.
- (m) Subtotal:** Calculates daily total of allowed expenses.
- (n) Pcard or Prepaid:** Enter any prepaid or pcard payments associated with the trip.

Additional Information

For fund and account related questions, contact your Sponsored Research Administrator.

Payments or vendor onboarding related inquiries, contact Accounts Payable at sdsurfap@sdsu.edu

ALL FUND ALLOCATION AND SIGNATURE AUTHORITY APPROVALS ARE COMPLETED IN EMBURSE

This form must be submitted in Emburse Invoice for payment processing. Payments to SDSU/SDSURF employees or students must be made via direct bank deposit. Checks can only be mailed to the payee's listed U.S. address. **DO NOT USE this form if you are an SDSURF employee. All travel expense claim for SDSURF employees must be submitted through Emburse Expense.**

PAYMENT INFORMATION

Payee Legal Name: _____

Phone Number: _____

Address:

SDSU Email:

Other email:

Are you an employee or a student of SDSU or SDSURF? Yes No

If yes, enter Red/SDSU ID: _____

Is the payee a US Citizen or resident? Yes No If no, additional documentation may be required. See instruction page for details.

TRIP DETAILS

Purpose of Travel:

Destination(s):

Remarks:

Current approved SDSURF rate effective 01/01/25 = \$ 0.70 per mile; Prior approved SDSURF rate effective 01/01/24 - 12/31/24 = \$.67 per mile

Certification: I certify that this travel claim accurately represents my travel expenses. I haven't been reimbursed from any other source, nor have I included expenses paid on my behalf. I have reduced my claim by all amounts advanced or prepaid via check request, purchase order, SDSURF Pcard, etc. For private car use, I also certify that I have a valid California driver's license, current vehicle registration, liability insurance meeting state requirements, and my vehicle is in safe mechanical condition per state

SUBTOTAL
TOTAL PREPAID
TOTAL AMOUNT
CLAIMED ►►►

Signature of Traveler: _____

Date: _____

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