

**TRAVEL INFORMATION & POLICY**

Subject:	Number: TIP 09 – 002
Discontinuation of the Cash Expenditure Voucher Form - FA0202	Date Issued: June 19, 2009
References:	Expires: Until Rescinded
Caltrans Travel Guide, DPA 599.616	

Purpose To inform Caltrans employees of the discontinuation of the Cash Expenditure Voucher (CEV) Form, FA0202. The form is being replaced by the standard Travel Expense Claim (TEC) Form, FA 0302. **The effective date is July 1, 2009.**

Background Currently the CEV form is used to claim reimbursement for authorized out-of-pocket expenditures of \$50.00 and under. The most common types of reimbursement claims submitted using the CEV include vanpool subsidies, non-travel related material purchases, cost of medical/physical examinations, driver's license renewal fees and transit incentives.

Policy Effective July 1, 2009, all out of pocket claims for reimbursement, including those listed above, must be submitted on the standard TEC Form (FA0302).

Example of submittals via the TEC form The second page of this TIP includes examples of typical reimbursement items currently submitted via CEV as they will be reported on a TEC.

Note - When reimbursement of a business expense exceeds \$25.00 or where reimbursement for Bar dues or license fees is included, the signature of the approving officer is required on line 18 of the TEC.

If you have questions regarding this information, please contact Asni Tefera at (916) 227-9330.

To view the Department's travel policies, please visit the [Caltrans Travel Guide](#).

For individuals with sensory disabilities, documents may be obtained in alternate formats. To obtain such services, please e-mail asni.tefera@dot.ca.gov. TTY users may also call (800) 735-2922.

TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2008) Front CT #7541-0620-9

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (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 principle 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. Direct any inquiries on information maintenance to your IPA Officer.

See Instructions On Reverse Side

CLAIMANT'S NAME (First, Mi, Last) Cal T. Rans			CALTRANS EMPLOYEE ID NUMBER 999999			CONTACT PHONE NUMBER 916-123-4567						
POSITION TITLE Transportation engineer			B.U./M.D. 9			NUMERIC DIST/UNIT (For Check to Be Sent) 59/501			ALTERNATE PHONE NUMBER 916-234-5678			
CLAIMANT'S HOME ADDRESS 111 Broadway						HEADQUARTERS ADDRESS 1820 Alhambra						M.S. 25
CITY Sacramento			STATE CA		ZIP CODE 91234-567		CITY Sacramento			STATE CA		ZIP CODE 91234-567

(1) MONTH/YEAR 2009		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE (Box 18)	(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., LT. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
7/01		Medical/Physical Exam										45.00	45.00
7/10		Driver License Fee										30.00	30.00
7/31		July Vanpool Subsidy					65.00						65.00
7/31		July Vanpool Driver Subsidy					100.00						100.00
(10) SUBTOTALS							165.00					75.00	240.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											Claim Total	\$	240.00
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(12) NORMAL WORK HOURS	T. CODE	SOURCE		CHG DIST	EXP. AUTH.	SUBJOB	SPECIAL DESIGNATION	FA	AGCY. OBJ.	AMOUNT	FY	MSA CODE
		DIST	UNIT									
(13) WORK SCHEDULE		XX	XXX	XX	XXXXXX			7	132	\$45.00		med.exam
		XX	XXX	XX	XXXXXX			7	132	\$30.00		driver lic
(14) PRIVATE VEHICLE LICENSE #		81	XXX	81	830152		YDVANPOOL	7		\$65.00		134
		81	XXX	81	830152		YD Driver	7		\$100.00		134
(15) MILEAGE RATE CLAIMED										.55		

I HEREBY CERTIFY that the above line is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(16) CLAIMANT'S SIGNATURE											DATE
(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT								PRINT NAME		DATE	
(18) SIGNATURE AND TITLE OF AUTHORITY FOR BUSINESS EXPENSES EXCEEDING \$25.00								PRINT NAME		DATE	

NOTE: ORIGINAL TEC AND RECEIPTS PLUS ONE COPY MUST BE SENT TO ACCOUNTING