

CALIFORNIA STATE UNIVERSITY SAN MARCOS Travel Claim Form

CSUSM 262 - Rev. 01/19

*Please submit a completed Travel Authorization Form with Travel Claim

CSUSM OR FOUNDATION

Check box for new address

CLAIMANT'S NAME Karen Haynes	CLAIMANT'S ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
EMPLOYEE ID NUMBER (if applicable)	DEPARTMENT President's Office	POSITION / TITLE President	EXT 4040	ALT. PHONE NUMBER

TYPE OF TRAVELER (please check one) OTHER, Explain :

FACULTY
 STAFF
 MANAGEMENT
 STUDENT
 I / GUEST LECTURER
 CANDIDATE

(1) DATE OF TRAVEL	(2) TIME	(3) LOCATION OF TRAVEL	(4) LODGING	(5) BREAKFAST	MEALS			(6) INCIDENTALS	(7) COST OF TRANS.	(B) TYPE USED	(C) TOLLS, PARKING	TRANSPORTATION		(8) Business Expense	(9) Total Expense per Day
					LUNCH	DINNER	(A)					(D) PRIVATE CAR USE	MILES		
3/18/2019		Long Beach, CA	\$199.00					\$332.00				0.580	0.00	531.00	
3/19/2019		Long Beach, CA	\$199.00									0.580	0.00	199.00	
3/20/2019		Long Beach, CA						\$324.00				0.580	0.00	324.00	
												0.580	0.00	0.00	
												0.580	0.00	0.00	
												0.580	0.00	0.00	
												0.580	0.00	0.00	
												0.580	0.00	0.00	
												0.580	0.00	0.00	
												0.580	0.00	0.00	
												0.580	0.00	0.00	
												0.580	0.00	0.00	
(10) SUBTOTALS			398.00	0.00	0.00	0.00	0.00	656.00	0.00	0.00			0.00	1,054.00	

(11) Acct	Fund	Dept	Program*	Class*	Project	Amount	Chartfield String	(9) Total Expense per Day
606001	48500	1082						\$1,054.00

(12) PURPOSE OF TRIP (MANDATORY), Please include the location and reason for travel, as well as any unusual circumstances or special requests.
 Board of Trustees Meeting from 3/18-3/19/19.

Final Claim

PRIOR PAYMENTS (Direct Bill/Advance):	
TOTAL DUE:	1,054.00

PREPARED BY: Alicia Mondragon EXT 4043

(13) Mandatory - Initials required confirming you have a current DD cert on file for mileage/car rental.

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures. If I leave CSUSM employment for any reason prior to the trip, I agree to reimburse the University for any related expenses that I have been paid for.

Claimant's Signature Required: *Karen Haynes* Date: 3/22/19

Claimant's Supervisor/Approver Signature Required: *[Signature]* Date: 3/25/2019

If supervisor/approver does not have travel fiscal authority, additional signatures are required:

Fiscal Authority Approval: _____ Date: _____

Fiscal Authority Approval: _____ Date: _____



HILTON LONG BEACH HOTEL
701 WEST OCEAN BOULEVARD
LONG BEACH, CA 90831
United States of America
TELEPHONE 562-983-3400 • FAX 562-983-1200
Reservations
www.hilton.com or 1 800 HILTONS

HAYNES, KAREN

CALIFORNIA STATE UNIVERSITY SA
333 S TWIN OAKS VALLEY RD
SAN MARCOS CA 91096
UNITED STATES OF AMERICA

Room No: 1206/K1
Arrival Date: 3/18/2019 2:23:00 PM
Departure Date: 3/20/2019
Adult/Child: 1/0
Cashier ID: RCREYES
Room Rate: 199.00
AL: UA 03125122549
HH #: 843746849 GOLD
VAT #
Folio No/Che 1117712 A

Confirmation Number: 3521769933

HILTON LONG BEACH HOTEL 3/20/2019 3:28:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
3/18/2019	5919193	GUEST ROOM EXEMPT	\$199.00
3/19/2019	5919823	GUEST ROOM EXEMPT	\$199.00
WILL BE SETTLED TO A [REDACTED]			\$398.00
EFFECTIVE BALANCE OF			\$0.00

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Alicia Mondragon

From: Viviana Garcia
Sent: Tuesday, March 19, 2019 7:54 AM
To: Alicia Mondragon
Subject: FW: Payment Receipt [For Conf# 10801]

Yesterday's receipt for March BoT.

Viviana A. García | California State University San Marcos | Office of the President
Presidential Aide | Office: 760-750-4041 | Email: vivigarcia@csusm.edu

From: Mike Soski <mikesoski@destinosandiego.com>
Sent: Monday, March 18, 2019 8:07 PM
To: Viviana Garcia <vivigarcia@csusm.edu>
Subject: Fw: Payment Receipt [For Conf# 10801]

Hello Ms. Garcia,

I never know if you receive these receipts, so I am forwarding you this one just in case.
Thanks, Mike

Personal Message: Mon., Mar. 18, p/u @ the residence, dropping @ the Hilton Long Beach. Thank you for today's opportunity. I will text Dr. Haynes tomorrow confirming her p/u on Wed., Mar. 20 @ 12 Noon, and text her the day off. Thanks, Mike

Destino San Diego, LLC

15585 Paymogo St San Diego, CA 92129
United States of America
Tel: (866) 677-7373
Email: elimarborges@destinosandiego.com

Payment Receipt

For Confirmation #10801

Timestamp:03/18/2019 19:57

Method: Amex [REDACTED]
Type: AUTH_CAPTURE
Transaction Amount: \$332.00
Reference/Trans. ID: 61624612295
Passenger: Dr. Karen Haynes
Trip Confirmation# 10801
Trip Date & Time: 03/18/2019 @ 13:00
Routing Information: **Pick-up Location:** [REDACTED]
Drop-off Location: Hilton Long Beach, 701 W Ocean Blvd. Long Beach, CA 90831 -
Ph: (562) 983-3400

Charges & Fees	Flat Rate	\$270.00
	Std Grat 20.00%	\$54.00
	Tolls	\$8.00
	Reservation Total:	\$332.00
	Payments/Deposits:	\$332.00
	Authorizations:	\$0.00
	Total Due:	\$0.00

Alicia Mondragon

From: Viviana Garcia
Sent: Thursday, March 21, 2019 8:38 AM
To: Alicia Mondragon
Subject: FW: Payment Receipt [For Conf# 10802]

Viviana A. García | California State University San Marcos | Office of the President
Presidential Aide | Office: 760-750-4041 | Email: vivigarcia@csusm.edu

From: Mike Soski <mikesoski@destinosandiego.com>
Sent: Wednesday, March 20, 2019 4:27 PM
To: Viviana Garcia <vivigarcia@csusm.edu>
Subject: Fw: Payment Receipt [For Conf# 10802]

Hello Ms. Garcia,

Here ya go. The doctor was home at 145pm and I meant to text you, but it started raining real hard and I was trying to find my way [REDACTED] busy day!
Hope that you had a good day there at CSUSM.
Have a good evening, Mike

Personal Message: Return trip from the Chancellor's office, today, Wed., Mar. 20, starting @ 12 Noon, dropping [REDACTED] As always, thank you for the opportunity. Mike & Elimar

Destino San Diego, LLC
15585 Paymogo St San Diego, CA 92129
United States of America
Tel: (866) 677-7373
Email: elimarborges@destinosandiego.com

Payment Receipt

For Confirmation #10802

Transaction Date/Time: 03/20/2019
16:11

Method: Amex [REDACTED]
Type: AUTH_CAPTURE
Transaction Amount: \$324.00
Reference/Trans. ID: 61628568137
Passenger: Dr. Karen Haynes
Trip Confirmation# 10802
Trip Date & Time: 03/20/2019 12:00
Routing Information: **Pick-up Location:** Chancellor's Office, CSULB, 401 Golden Shore Long Beach, CA 90802
Drop-off Location: [REDACTED]

Charges & Fees

Flat Rate	\$270.00
Std Grat 20.00%	\$54.00
Reservation Total:	\$324.00
Payments/Deposits:	\$324.00
Authorizations:	\$0.00
Total Due:	\$0.00
