

STATE OF CALIFORNIA  
**TRAVEL EXPENSE CLAIM**

CSUSM 262 - Rev. 12/2017 **CSUSM** **FOUNDATION**

CLAIMANT'S NAME: **Karen Haynes** EXT. **4040** DEPT. **000001082**

POSITION: **President** Normal Working Hours **8-5om**

RESIDENCE ADDRESS: [REDACTED]

**For Internal Use Only**  
 Invoice # \_\_\_\_\_  
 Voucher # \_\_\_\_\_

(1) MONTH/YEAR	(3)	(4)	(5) MEALS	(6)	(7) TRANSPORTATION	(8)	(9)
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(2) DATE OF TRAVEL	TIME	LOCATION of TRAVEL	LODGING	BREAK FAST	LUNCH	DINNER	INCIDENTALS	(A) COST OF TRANS.	(B) TYPE USED	(C) TOLLS, PARKING	(D) PRIVATE CAR USE		Registration Business Expense Amount	TOTAL EXPENSES FOR DAY
											MILES	Amount		
7/28/2018								\$368.00	T		0.545	0.00		368.00
8/1/2018								\$273.20	A		0.545	0.00		273.20
8/13/2018			\$286.00			\$37.16					0.545	0.00		323.16
8/14/2018			\$278.61			\$21.11	\$5.42				0.545	0.00		305.14
8/15/2018			\$326.89			\$1.40					0.545	0.00		328.29
8/16/2018			\$280.37								0.545	0.00		280.37
8/17/2018								\$273.20	A		0.545	0.00		273.20
8/18/2018								\$363.00	T		0.545	0.00		363.00
											0.545	0.00		0.00
											0.545	0.00		0.00
											0.545	0.00		0.00
(10) SUBTOTALS			1171.87	0.00	0.00	59.67	5.42	1277.40	0.00	0.00			0.00	2,514.36

(11) Acct	Fund	Dept	Program*	Class*	Project	Amount	Chartfield String	TOTAL
606002	44101	1039		03930				\$2,514.36

(12) **PURPOSE OF TRIP (MANDATORY)**, Please include the location and reason for travel, as well as any unusual circumstances or special requests. *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.*

International Partnerships and attending Family week at Nelson Mandela University from 7/28/18-8/17/18.

PRIOR PAYMENTS (Direct Bill/Advance): \_\_\_\_\_

**TOTAL DUE: 2,514.36**

(13) PRIVATE VEHICLE LICENSE NUMBER (Mandatory if mileage is claimed) \_\_\_\_\_

Initial that you have a current DJ cert on file for mileage/car rental

Final Claim

PREPARED BY: **Alicia Mondragon** EXT **4043**

all items shown were for the official business of the CSU. Claimant:  *Karen Haynes* Date: **8/30/2018**

(16) a. Claimant's Supervisor's Signature Required:  *Walden* Date: **8/31/2018**

Please refer to "Approval of Travel" Memorandum dated 12/1/08 <http://www.csusm.edu/travel/EO688travelapproval120108.pdf>

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

b. Fiscal Authority Approval:  \_\_\_\_\_ Date: \_\_\_\_\_

c. Fiscal Authority Approval:  \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only**

Voucher ID: \_\_\_\_\_ Date: \_\_\_\_\_ Voucher ID: \_\_\_\_\_ Date: \_\_\_\_\_

Dollar Amt. \_\_\_\_\_ Check No. \_\_\_\_\_ Dollar Amt. \_\_\_\_\_ Check No. \_\_\_\_\_

Vendor ID \_\_\_\_\_ Vendor Nm: \_\_\_\_\_ Vendor ID. \_\_\_\_\_ Vendor Nm. \_\_\_\_\_

Invoice No. \_\_\_\_\_ Invoice Number: \_\_\_\_\_

CF String: \_\_\_\_\_ CF String: \_\_\_\_\_



**REQUEST FOR TRAVEL APPROVAL or  
 PREPAID REGISTRATION or CASH ADVANCE**

<b>Name:</b>	Karen S. Haynes	<b>Employee No.:</b>	
<b>Address:</b>	[Redacted]		
<b>Dept. Contact:</b>	Viviana Garcia	<b>EXT.:</b>	x 4041
<b>Destination</b>	Johannesburg, Cape Town, Port Elizabeth	<b>Date/s of Trip</b>	From: 7/28/18 To: 8/17/18
<b>Purpose of Trip:</b>	International Partnerships and attending Family week at Nelson Mandela University		

**ESTIMATED EXPENSES FOR REIMBURSEMENT BY CSUSM**

<b>**Meal Est.</b>	\$1,000.00	<b>PLEASE PAY REGISTRATION TO:</b>  <b>Supplier Email/Contact (required):</b> Attn: Address 1: City: State/Zip: Contact Email:  Comments:
<b>Lodging or Hospitality Gift</b>	\$5,166.00 per diem	
<b>Air Fare</b>	\$8,500.00	
<b>*Auto Rental</b>		
<b>*Mileage (.545 cents per mile)</b>		
<b>**Miscellaneous</b>	\$500.00	
<b>**Shuttle/Taxi</b>	\$500.00	
<b>**Registration</b>		
<b>Parking</b>		
<b>TOTAL ESTIMATED EXPENSE</b>	15,666.00	
<b>Prepaid Expense</b>		
<b>Amount to be Paid by Other Source</b>		
<b>Estimated Amount to be Reimbursed</b>		
<b>**Advance Due- 90% Reimbursable Expense</b>		

\*Current Defensive Driving cert required for reimbursement. Expiration Date: \_\_\_\_\_  
 \*\* Advances for domestic travel can include meals, miscellaneous, shuttle/taxi, and registration greater than \$100.00 only. Other expenses such as lodging and airfare cannot be included in an advance for domestic travel.

I hereby certify that I am currently a California State University/Foundation Employee and that a.) if I am using a privately owned vehicle, I have a current "Authorization to use Privately Owned Vehicle" (form STD 261) on file with the University and I have the minimum liability insurance as required by State law and b.) I have satisfied the State Defensive Driver Training requirements. I have made arrangements for the classes/meeting during my absence and/or for administrative and other duties.

**Signature of Traveler:** *Karen S. Haynes* **Date:** 3/13/18

Funding Source:	Account	Fund	Dept	Program	Class	Project	Amount	Funding Approving Authority
	606002	44101	1039		03930			<i>[Signature]</i>
								<i>[Signature]</i>
								<i>[Signature]</i>

**Approving Authority**  
 Title: *[Signature]* Date: \_\_\_\_\_

**Final Approving Authority (In-State and Out-of-State Travel)**  
**VP/Provost ONLY** *[Signature]* Date: 3/13/2018

**Final Approving Authority (Out-Of-Country Travel)**  
**President ONLY** *[Signature]* Date: \_\_\_\_\_

## Alicia Mondragon

**From:** Viviana Garcia  
**Sent:** Monday, August 27, 2018 8:45 AM  
**To:** Alicia Mondragon  
**Subject:** FW: Reservation Receipt# 10283 For Dr. Karen Haynes [07/28/2018-11:00 AM]

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

**From:** Mike Soski <mikesoski@destinosandiego.com>  
**Sent:** Friday, August 24, 2018 6:48 PM  
**To:** Viviana Garcia <vivigarcia@csusm.edu>  
**Subject:** Fw: Reservation Receipt# 10283 For Dr. Karen Haynes [07/28/2018-11:00 AM]

**Destino San Diego, LLC**  
15585 Paymogo St San Diego, CA 92129  
US  
Tel: (866) 677-7373  
Email: [elimarborges@destinosandiego.com](mailto:elimarborges@destinosandiego.com)  
TCP #37815-B

## Reservation Receipt

**Date of Receipt:** 08/24/2018  
**Account #** 10051

**BILL TO** Viviana A. Garcia Acct# (10051)  
CSUSM Office of the President  
333 S. Twin Oaks Valley Rd.  
San Marcos, CA 92096  
Wk: (760) 750-4041 Mb: (619) 508-8484

CONF #	DATE & TIME(S)	DESCRIPTION	CHARGES & CREDITS
10283	07/28/2018  <b>PU Time:</b> 11:00 <b>DO Time:</b> 13:22  <b>CIC Time:</b> 13:21	<b>Passenger:</b> Dr. Karen Haynes  <b>Add'l Passenger(s):</b> Jim Mickelson  <b>PU:</b> -- : [REDACTED] <b>DO:</b> -- : LAX - Los Angeles International Airport / QR - Qatar Airlines , From/To: DOH - Hamad International Airport, Term/Gate: TBIT, Flt# 740, ETA/ETD: 15:45:00  <b>Booked By:</b> Viviana A. Garcia  <b>Vehicle Type:</b> SED  <b>Driver:</b> Elimar Borges	Flat Rate 300.00 Std Grat (20.00%) 60.00 Tolls 8.00 <hr/> <b>Reservation Total</b> 368.00 <hr/> <b>Payment (AX [REDACTED])</b> -368.00 <hr/> <b>Total Due</b> 0.00

PAYMENT METHOD	PAYMENT TERMS	PAYMENT STATUS	TRANS ID/REF #
Amex ** 6009	Due Upon Receipt	Paid	40842749300

## Alicia Mondragon

**From:** Viviana Garcia  
**Sent:** Monday, August 27, 2018 8:45 AM  
**To:** Alicia Mondragon  
**Subject:** FW: Reservation Receipt# 10284 For Dr. Karen Haynes [08/18/2018-02:39 PM]

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

**From:** Mike Soski <mikesoski@destinosandiego.com>  
**Sent:** Friday, August 24, 2018 6:56 PM  
**To:** Viviana Garcia <vivigarcia@csusm.edu>  
**Subject:** Fw: Reservation Receipt# 10284 For Dr. Karen Haynes [08/18/2018-02:39 PM]

### Destino San Diego, LLC

15585 Paymogo St San Diego, CA 92129  
US  
Tel: (866) 677-7373  
Email: [elimarborges@destinosandiego.com](mailto:elimarborges@destinosandiego.com)  
TCP #37815-B

### Reservation Receipt

**Date of Receipt:** 08/24/2018  
**Account #** 10051

**BILL TO** Viviana A. Garcia Acct# (10051)  
CSUSM Office of the President  
333 S. Twin Oaks Valley Rd.  
San Marcos, CA 92096  
Wk: (760) 750-4041 Mb: (619) 508-8484

CONF #	DATE & TIME(S)	DESCRIPTION	CHARGES & CREDITS	
10284	08/18/2018  <b>PU Time:</b> 14:39 <b>DO Time:</b> 17:36  <b>CIC Time:</b> 15:20	<b>Passenger:</b> Dr. Karen Haynes  <b>Add'l Passenger(s):</b> Jim Mickelson  <b>PU:</b> -- : LAX - Los Angeles International Airport / QR - Qatar Airlines , From/To: DOH - Hamad International Airport, Term/Gate: TBIT, Flt# 739, ETA/ETD: 14:39:00 <b>Notes:</b> Meet inside TBIT <b>DO:</b> -- : ██████████  <b>Booked By:</b> Viviana A. Garcia  <b>Vehicle Type:</b> SED  <b>Driver:</b> Elimar Borges	Flat Rate Std Grat (20.00%) Parking  <b>Reservation Total</b>  <b>Payment (AX ██████████)</b>  <b>Total Due</b>	300.00 60.00 3.00  363.00  -363.00  0.00

PAYMENT METHOD	PAYMENT TERMS	PAYMENT STATUS	TRANS ID/REF #
Amex ** 6009	Due Upon Receipt	Paid	40884035432