

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

CSUSM 262 - Rev. 12/2017

CLAIMANT'S NAME: **Graham Oberem**
 POSITION: **Provost & Vice President for Academic Affairs**
 RESIDENCE ADDRESS: [REDACTED]

EXT. **4054** DEPT. **Office of the Provost**

For Internal Use Only
 Invoice # _____
 Voucher # _____

Normal Working Hours

(1) MONTH/YEAR	(2) DATE OF TRAVEL	(3) TIME	(4) LOCATION of TRAVEL	(5) MEALS				(6) INCIDENTALS	(7) TRANSPORTATION				(8) Registration Business Expense	(9) TOTAL EXPENSES FOR DAY	
				LODGING	BREAK FAST	LUNCH	DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) TOLLS, PARKING	(D) PRIVATE CAR USE MILES			Amount
July 2018															
11/10/2018	7:30 AM		San Diego, CA to LAX to CDG					\$700.00	\$1,621.63	A, SH		0.545	0.00	1,628.63	
11/11/2018	11:15 AM		CDG to Frankfurt, Germany to	\$152.94	\$13.59			\$7.00	\$122.16	A,R		0.545	0.00	295.69	
11/12/2018			Mainz to Karlsruhe	\$146.51	\$10.14		\$17.80	\$7.00				0.545	0.00	181.45	
11/13/2018			Karlsruhe to Frankfurt	\$151.97	\$15.76	\$12.38		\$7.00				0.545	0.00	187.11	
11/14/2018			Frankfurt, Germany to CDG			\$12.43	\$11.24	\$7.00	\$50.39	T		0.545	0.00	81.06	
11/18/2018	12:15 PM		Paris	\$162.44	\$13.72		\$47.57	\$7.00	\$104.16	A		0.545	0.00	334.89	
11/19/2018			Paris	\$171.79	\$13.72		\$49.31	\$7.00				0.545	0.00	241.82	
11/20/2018				\$262.22		\$9.13	\$20.32	\$7.00	\$51.79	T		0.545	0.00	350.46	
11/21/2018	9:35 AM		CDG to Edinburgh, Scotland to Alnwick	\$255.78	\$10.48	\$8.95	\$28.82	\$7.00	\$307.30	A		0.545	0.00	618.33	
11/22/2018			Alnwick		\$8.60	\$16.81	\$13.61	\$7.00				0.545	0.00	46.02	
11/23/2018			Alnwick		\$8.60	\$10.25	\$19.33	\$7.00						45.18	
11/24/2018			Alnwick to Edinburgh	\$212.85	\$8.96	\$9.49	\$29.19	\$7.00	\$523.80	RC				791.29	
11/25/2018			Edinburgh to CDG to San		\$3.81	\$14.55		\$7.00	\$239.32			0.545	0.00	264.68	
(10) SUBTOTALS				1516.50	107.38	93.99	237.19	91.00	3020.55	0.00	0.00		0.00	0.00	5,066.61

(11) Acct	Fund	Dept	Program*	Class*	Project	Amount	Chartfield String	TOTAL
606002	44401	1060				3162.48		\$5,066.61

(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.**

The purpose of the trip was to conduct site visits and perform recruiting activities. Airline costs of \$1904.13 were reimbursed previously. Please see attached for information.

totals differ from receipts, due to deducting wives ME&I.
 Confirmed with Pia on 2/5/19 via phone

PREPARED BY: **Pia Bombardier** EXT 8822

Final Claim

PRIOR PAYMENTS (Direct Bill/Advance): **1,904.13**

TOTAL DUE: **3,162.48**

(13) PRIVATE VEHICLE LICENSE NUMBER (Mandatory if mileage is claimed) **3155.48**
 Initial that you have a current DD cert on file for mileage/car rental **X**

(15) 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 and that all items shown were for the official business of the CSU. Claimant: **X** Date: **1/24/2019**

(16) a. Claimant's Supervisor's Signature Required: **X** Date: **1/30/2019**
 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: **X** Date: **1/29/19**

c. Fiscal Authority Approval: **X** 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**

Name:	Graham Oberem	Employee No.	000001739
Address:	[REDACTED]		
Dept. Contact:	Pia Bombardier	EXT.	x 8822
Destination	France, Germany, Scotland, & England	Date/s of Trip	From: 11/10/18 To: 11/25/18
Purpose of Trip:	Intl recruitment & partner visits. Vacation for portion in Nice.		

ESTIMATED EXPENSES FOR REIMBURSEMENT BY CSUSM

**Meal Est.	2283	PLEASE PAY REGISTRATION TO: Supplier Email/Contact (required): Attn: Address 1: City: State/Zip: Contact Email: Comments: Traveler will pay expenses incurred during personal time.
Lodging or Hospitality Gift	2010	
Air Fare	1800	
*Auto Rental	250	
*Mileage (.545 cents per mile)		
**Miscellaneous	600	
**Shuttle/Taxi	300	
**Registration		
Parking	50	
TOTAL ESTIMATED EXPENSE	7293	
Prepaid Expense		
Amount to be Paid by Other Source		
Estimated Amount to be Reimbursed		
**Advance Due- 90% Reimbursable Expense		

*Current Defensive Driving cert required for reimbursement. Expiration Date: 5/25/19
 ** 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: *Graham Oberem* Date: 9/17/2018

Funding Source:	Account	Fund	Dept	Program	Class	Project	Amount	Funding Approving Authority
	606002	44106	1060				7293	<i>[Signature]</i>
								<i>[Signature]</i>
								<i>[Signature]</i>

Approving Authority

Title President *[Signature]* Date: _____

Final Approving Authority (In-State and Out-of-State Travel)

VP/Provost ONLY *[Signature]* Date: _____

Final Approving Authority (Out-Of-Country Travel)

President ONLY *[Signature]* Date: 9/21/2018

Pia Bombardier

From: Graham Oberem
Sent: Monday, November 26, 2018 10:09 AM
To: Pia Bombardier
Subject: FW: Your ?THE HALF MOON LIMOS LLC? receipt [#1574-6708]

Graham

Graham Oberem, Ph.D.
Provost & Vice President for Academic Affairs
California State University San Marcos
oberem@csusm.edu
760-750-4054

GROUND
TRANSPORTATION

From: THE HALF MOON LIMOS LLC <receipts+acct_1CVqaXDEoO43psvU@stripe
Reply-To: THE HALF MOON LIMOS LLC <INFO@HALFMOONLIMOS.COM>
Date: Friday, November 9, 2018 at 5:19 PM
To: Graham Oberem <oberem@csusm.edu>
Subject: Your THE HALF MOON LIMOS LLC receipt [#1574-6708]



Receipt from THE HALF MOON LIMOS LLC

Receipt #1574-6708

AMOUNT PAID	DATE PAID	PAYMENT METHOD
\$233.12	November 9, 2018	VISA [REDACTED]

SUMMARY

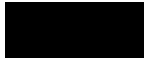
Payment for order/invoice MNRK4Y \$233.12

Amount paid \$233.12

Subject: Your THE HALF MOON LIMOS LLC receipt [#1514-3462]
Date: Saturday, November 24, 2018 at 10:29:10 AM Pacific Standard Time
From: THE HALF MOON LIMOS LLC
To: Graham Oberem

Receipt from THE HALF MOON LIMOS LLC

Receipt #1514-3462

AMOUNT PAID	DATE PAID	PAYMENT METHOD
\$239.32	November 24, 2018	

SUMMARY

Payment for order/invoice 4YA26P	\$239.32
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Amount paid	\$239.32
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If you have any questions, contact us at
INFO@HALFMOONLIMOS.COM or call at +1 888-652-4652.

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