CALIFORNIA STATE UNIVERSITY, CHICO
FINANCIAL SERVICES

ACCOUNTS PAYABLE
KENDALL HALL ROOM 208
CHICO, CA 95929-0243
530-898-6426
www.csuchico.edu/ap

Cost Comparison

Between Driving Private Vehicle vs. Utilizing Public/ Commercial Transportation

This comparison tool should be used to calculate cost of utilizing private vehicle in comparison to public transportation. Form should be incorporated into expense report when submitted through Concur for reimbursement processing.

TRIP INFORMATION

Employee's Name: _____ Campus ZIP: _____

Trip Begin Date: _____ Trip End Date: _____

Destination: _____

COST INFORMATION

Please complete the use of public transportation **as if you had flown** to your destination. Include all types of expenses including personal car mileage to the airport and airport parking fees. **Attach a copy of flight that would have been selected had flight occurred.**

Section A: Driving Private Vehicle

Expense Item	Cost
1. Cost of Mileage driven, roundtrip *(miles x 0.575)*	$ _____
2. Cost of Lodging, Meals, etc. *(only applicable for distances that would require overnight stays ie: driving to Michigan)*	$ _____
3. Cost of Parking, Tolls, etc.	$ _____
4. Other (specify): _____	$ _____
Total Estimated Cost	**$** 0.00

Section B: Use of Public Transportation

Expense Item	Cost
1. Cost of Mileage driven, roundtrip *(ie: mileage to airport. miles x 0.575)*	$ _____
2. Cost of Transportation *(airfare, car rental, train fare, etc.)*	$ _____
3. Cost of Bus/Shuttle/Taxi	$ _____
4. Cost of Parking *(ie: at airport or rental car at hotel)*	$ _____
5. Other (specify): _____	$ _____
Total Estimated Cost	**$** 0.00

CERTIFICATION

I certify that I have elected to drive my private vehicle instead of utilizing a public/commercial method of transportation. I understand that California State University Travel Procedures & Regulations limits my reimbursement for transportation expenses to the lesser of the two methods. This form, along with copy of flight comparison, must be attached to the Travel Expense Claim form.

Traveler: _____

SIGNATURE PRINT NAME DATE