



GUIDE CARD

Expense Reimbursement Report Name – All Users

Expense Reimbursement

Report Name: 1234 - 2009 - ABC fire
Claim Type: In State Travel

The Profile must be accurate before continuing with this form. Current Profile information for key fields is displayed below. Additional Profile fields, such as name, email, and LTA addresses may need to be updated.

If Profile changes are needed, click Cancel to exit this form and return to the work queue to update the Profile.

CB Identifier: R01 Rank/File - Admin/Finan/Staff Svcs
Default Approver: Debbie L Lee

Mailing Address:
Street: 500 Main Street City: Roseville
State: CA Zipcode: 95661-

LTA Information: Start Date: 01/01/02 End Date: 01/31/03

Ok Cancel Press 'Cancel' for Profile Updates

Expense Reimbursement

Report Name: 1234 - 2009 - John Adams - ABC fire
Claim Type: In State Travel

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CB Identifier: R01 Rank/File - Admin/Finan/Staff Svcs
Default Approver: Debbie L Lee

Mailing Address:
Street: 500 Main Street City: Roseville
State: CA Zipcode: 95661-

LTA Information: Start Date: 01/01/02 End Date: 01/31/03

Ok Cancel Press 'Cancel' for Profile Updates

- If submitted by self, use the following format:
Index number + Fiscal year + Brief descriptions of trip(s)

Report name: Index + Fiscal year + Trip name(s)
Example: 1234 - 2009 ABC fire

- If submitted by an assigned submitter, use the following format:
Index number + Fiscal year + Claimant Name + Brief descriptions of trip(s)



Report name: Index + Fiscal year + Claimant name + Trip name(s)
Example: 1234 - 2009 John Adams - ABC fire

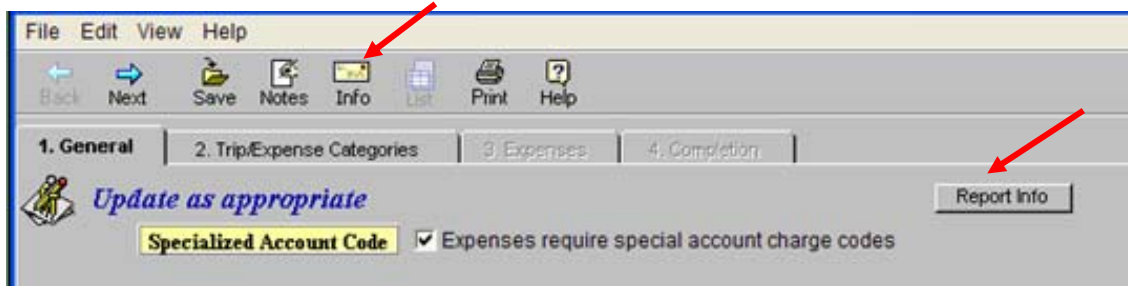
Notes: Starting December 1st, 2009, all claims with incorrect report names will be returned for correction which will delay payment of claim.



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Only the claimant or the submitter can change the report name of a claim. When received a returned claim, click  icon or  button to bring up the “Expense Reimbursement” report name screen.



Change the report name as required then go through all tabs and resubmit it.

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