



Create Expense Reimbursement with Percent Account Coding

Instructions for creating Expense Reimbursement with Percent Account Coding.



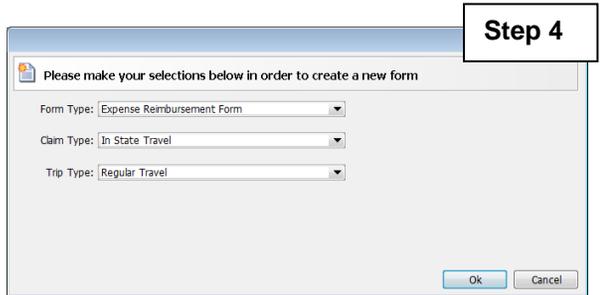
From the CalATERS Global web site at: www.sco.ca.gov/calaters_global.html,

Click →



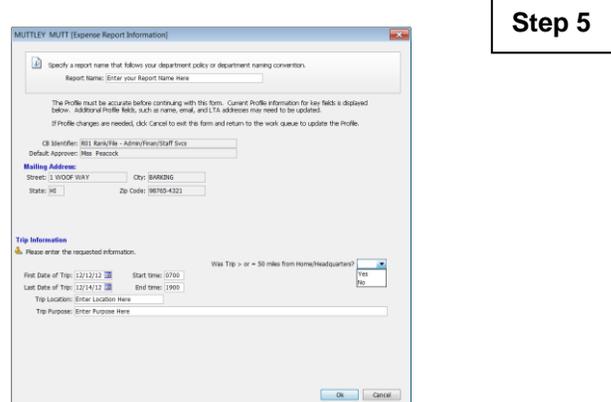
Key User ID and Password.

Click →



Select Form Type, Claim Type, and Trip Type.

Click →



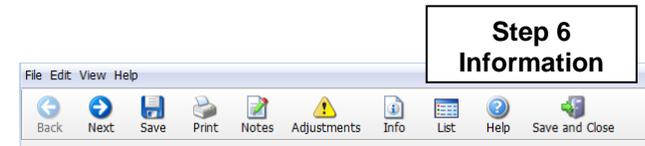
Key Report Name, Trip Dates, Trip Times, Location, Purpose, and respond to the 50 mile rule.

Click →



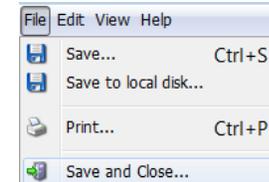
To begin an Expense Reimbursement form,

Click →



To save the form, click . If you need to exit the form before completion,

click from the toolbar or click File then Save and Close. The form will be saved as a draft.





Create Expense Reimbursement with Specialized Account Code

Step 13

Charge to Names

Charge to:

Agency: 0840

Fund: 0001

Sub Fund:

Organization: 0840

Click to accept entry.

Charge to Names

Charge to:

Agency: 0840

Fund: 0001

Sub Fund:

Organization: 0840

Fiscal Year: 2012

Reference #: 001

Chapter: 21

Program:

Category: 10

Fed Catalog:

Element:

Component:

Task:

Prime Account: 0000

Sub Account:

Source:

Detail Accounting:

Repeat process to enter any other detail account coding, if needed.

Click when finished.

Step 14

Accounting

Charge to:

Amount: or Percent:

Total charged:

*Remaining:

**You must charge all your expenses*

Charge to	Amount	Percent
<input type="text" value="New Entry"/>		

When percentages are used, the last amount listed in the "Charge to" field may auto-correct so all amounts add up to the total report amount. The auto-correct will occur when the user leaves the screen.

Click the drop down arrow in the Charge to field to reveal the Account Book entries. Select one entry and fill in either the amount to schedule to this entry or the percent.

Charge to:

Amount: or Percent:

Total charged:

*Remaining:

Click to accept.

Step 15

Charge to:

Amount: or Percent:

Total charged:

*Remaining:

**You must charge all your expenses*

Charge to	Amount	Percent
Test 1	54.77 USD	30.00
<input type="text" value="New Entry"/>		

The Remaining balance to be scheduled is listed in both dollar amount and percent. Repeat Step 14, if needed, until the balance is 0.00.

IMPORTANT

When percentages are used, the last amount listed in the "Charge to" field may auto-correct so all amounts add up to the total report amount. The auto-correct will occur when the user leaves the screen.

To view the correction, proceed to the next tab, Summary, and then return to the Accounting tab.

Step 16

Summary

Report total	182.58	Report total
Department Paid	-92.30	Total cash and corporate card expenses
Travel Advance Recovery	0.00	Department Paid
Due Employee	87.38	

Click in the toolbar or click the next Tab.

Step 17

Submission

You must select an approver

I hereby certify that the request represents a true statement of the travel expenses incurred by me in accordance with the Department of Personnel Administration Rules and Regulations in the service of the State of California. It is a privately owned vehicle was used, and it message will exceed the maximum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by ISAM Sections 0700 through 0754 pertaining to vehicle usage.

Click button to select an Approver.

Step 18

Select Approver

Enter last name, or first few letters, then click 'Look Up' button. Optionally, enter the first name to narrow search.

Last name:

First name:

SCO Approver10

Name	Email
Approver10, SCO	calaters@sco.ca.gov
Approver6, SCO	calaters@sco.ca.gov
Approver7, SCO	calaters@sco.ca.gov
Approver8, SCO	calaters@sco.ca.gov

Select Approver and click



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Step 19

Submission

This form will be routed to SCO Approver10

Change Approver
Add Approver
Send Copy

I hereby certify that this request represents a true statement of the travel expenses incurred by me in accordance with the Department of Personnel Administration Rules and Regulations in the service of the State of California. It is a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAR sections 0750 through 0754 pertaining to vehicle usage.

Password: [REDACTED] Submit

Key your password and click →



Step 20

Print Form

Staple Receipts to the transmittal sheet and mail to this address.

MUTTLEY MUTT

SCO Departmental Accounting
PO Box 942850
Sacramento, CA 94250-0001

Postal Address

Key: TEA000001273

Change Receipts Address

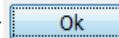
Print Form by selecting a print option.

No Print
Transmittal Page
Transmittal Page with Summary
Transmittal Page with Summary and Details

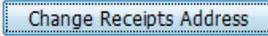
Print Preview

Ok Cancel

Select print form option and click →



*If the department has more than one receipt address, click →



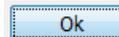
Select Receipts Address

Select Receipt Address from the following list:

Name	Street	City, State Zip

Ok Cancel

Select address and click →



Step 21

CalATERS-Global Transmittal Page

TEA000001273

SUBMIT RECEIPTS TO	SUMMARY INFORMATION																
SCO DEPARTMENTAL ACCOUNTING PO BOX 942850 SACRAMENTO CA 94250-0001	<table border="1"> <tr> <td>Name</td> <td>MUTTLEY MUTT</td> </tr> <tr> <td>Expense Date</td> <td>12/15/12-12/14/12</td> </tr> <tr> <td>Total Expense</td> <td>182.28 USD</td> </tr> <tr> <td>Advance Schedule Amount</td> <td>0.00 USD</td> </tr> <tr> <td>Amount Due Employee</td> <td>87.38 USD</td> </tr> <tr> <td>Approver</td> <td>SCO Approver10</td> </tr> <tr> <td>Form ID</td> <td>TEA000001273</td> </tr> <tr> <td>Request Name</td> <td>Enter your Request Name Here</td> </tr> </table>	Name	MUTTLEY MUTT	Expense Date	12/15/12-12/14/12	Total Expense	182.28 USD	Advance Schedule Amount	0.00 USD	Amount Due Employee	87.38 USD	Approver	SCO Approver10	Form ID	TEA000001273	Request Name	Enter your Request Name Here
Name	MUTTLEY MUTT																
Expense Date	12/15/12-12/14/12																
Total Expense	182.28 USD																
Advance Schedule Amount	0.00 USD																
Amount Due Employee	87.38 USD																
Approver	SCO Approver10																
Form ID	TEA000001273																
Request Name	Enter your Request Name Here																

DIRECTIONS FOR SUBMISSION

Mail the original receipts, and other appropriate documentation with this page. Unless your manager has directed otherwise, place this transmittal and receipts into an envelope and address exactly as shown above.

Req. #	Date	Receipt Item	Amount	If not submitted - Explain
1)	12/12/12	Lodging	95.20 USD	

I have reviewed these documents:

Signature

SCO Approver10

Attach required receipts and other required documents to the Transmittal Page.

Forward as designated by your department (to your approver and/or your department accounting office).