

DOMESTIC TRAVEL REIMBURSEMENT WORKSHEET

Submit completed form along with all original receipts to your travel processor

Name: _____ Date: _____

UC-employees please enter your Employee ID#: _____ Non-UC travelers -your SSN # is required: _____

Address: _____ U.S. Citizen: Yes No

_____ City of Residence: _____

Extension: _____ Vendor ID (if known): _____

E-mail Address: _____ Home Campus: _____

Account to be charged: _____

Purpose of Travel: _____

Destination: _____

Initial Departure Date: _____ Return Date: _____

Initial Departure Time: _____ Return Time: _____

Did you obtain a Travel Advance for this trip? No Yes \$ _____

Was there any personal time during this trip? No Yes From: _____ To: _____

TRANSPORTATION

Airfare: \$ _____ RT Paid for by: Credit Card Charged to Department

Private Car Mileage: _____ License Plate #: _____ Check here to confirm your liability insurance

Rental Vehicle: \$ _____ Rental Vehicle Gasoline: \$ _____ UC Vehicle: Yes No

Taxi/Bus: \$ _____ Train: \$ _____ Other: \$ _____ Parking: \$ _____

MEALS

Actual amount spent on meals per day: 1) \$ _____ 4) _____ 7) _____

You may claim up to \$64 per day. 2) \$ _____ 5) _____ 6) _____

3) \$ _____ 6) _____ 9) _____

LODGING

Did you share a room? Yes No If so, with whom? _____

Number of nights: _____ Rate: \$ _____ Tax: \$ _____ Other: \$ _____

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MISCELLANEOUS

Registration: \$ _____ Tele/Fax: \$ _____ Other (explain): \$ _____

Comments: _____

SIGNATURES

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense of \$75 or more, as required by University policy.

Traveler's Signature Date

AUTHORIZING SIGNATURE DATE

Print name and title