

# FOREIGN 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:** \_\_\_\_\_

Extension: \_\_\_\_\_

U.S. Citizen:            Yes            No

E-mail Address: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Home Campus: \_\_\_\_\_

Vendor I.D. # (if known): \_\_\_\_\_

**Account to be charged:** \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_  
\_\_\_\_\_

Destination: \_\_\_\_\_

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

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

Initial Departure Location: \_\_\_\_\_ Initial Departure Date: \_\_\_\_\_ Initial Departure Time: \_\_\_\_\_

Arrival Date    Arrival Time    Departure Date    Departure Time

Location 1:					
Location 2:					
Location 3:					
Location 4:					

Final Arrival Location: \_\_\_\_\_ Final Arrival Date: \_\_\_\_\_ Final Arrival Time: \_\_\_\_\_

**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: \$ \_\_\_\_\_

**PER DIEM (MEALS AND LODGING)**

Are you claiming per diem meals?    Yes            No    or    Actual Amount \$ \_\_\_\_\_

Are you claiming per diem lodging?    Yes            No    or    Actual Amount \$ \_\_\_\_\_

(You must provide receipts for lodging if you are claiming "actual" rather than per diem.)

**MISCELLANEOUS**

Registration: \$ \_\_\_\_\_ Telephone/Fax: \$ \_\_\_\_\_ Other (explain): \$ \_\_\_\_\_

Foreign Exchange Fees: \$ \_\_\_\_\_ Exchange Rate Used: \$ 1.00 U.S. = \_\_\_\_\_

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: