

DOMESTIC TRAVEL REIMBURSEMENT WORKSHEET

Name: _____ Date: _____
 Address: _____ UC Employee: Yes No
 _____ U.S. Citizen: Yes No
 Phone: _____ City of Residence: _____
 E-mail Address: _____ Vendor ID (if known): _____
 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 Amount: \$ _____

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

MEALS AND INCIDENTAL EXPENSES (LIST ACTUAL EXPENSES up to \$62/day)

Enter actual amount spent on breakfast, lunch, and dinner (See page 2 for daily log)

There is no per diem for Domestic Travel

LODGING (capped at \$275 per night, excluding taxes and fees, within continental US)

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

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

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TRANSPORTATION

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

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

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

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

MISCELLANEOUS

Registration: \$ _____ Tele/Fax/Internet: \$ _____ Parking: \$ _____

Other (explain): \$ _____

Comments: _____

SIGNATURES

| | |
|---|---|
| <p style="font-size: small;">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.</p> <p>_____ DATE</p> | <p style="text-align: center;">AUTHORIZING SIGNATURE DATE</p> <p>_____</p> <p style="font-size: x-small;">Print name and title</p> |
|---|---|

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

