

DOMESTIC TRAVEL REIMBURSEMENT WORKSHEET

Submit completed form along with all original receipts to your travel processor within 2 weeks of return date.

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

Project Code: _____
 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 amounts spent on meals on daily log. You may claim up to \$62 per day for your meals.
There is no per diem for Domestic Travel (See page 2 for daily log.)

LODGING

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 your 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, that no alcohol expenses are included and that I have attached original receipts for each expense, as required by University policy.</p> <p>_____</p> <p>TRAVELER'S SIGNATURE DATE</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">AUTHORIZING SIGNATURE DATE</p>
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