

DOMESTIC TRAVEL REIMBURSEMENT WORKSHEET

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

Name: _____ Date: _____
 Employee ID#: _____ UC Employee: Yes No
 Mailing Address: _____ Direct Deposit if Available: Yes No
 _____ U.S. Citizen: Yes No
 If not a U.S. Citizen attach a copy of your Visa/Passport (non-UC employees only).
 Phone: _____ Home Campus: _____

E-mail Address: _____

Project 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 ON PAGE 2)

Actual amount spent on meals listed on daily log. You may claim up to \$71 per day.

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 Airfare Direct Billed-Connexus

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

Rental Vehicle: \$ _____ Gas: \$ _____ UC Vehicle: ~~Yes~~ Yes No

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

MISCELLANEOUS

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

Comments: _____

Are you being reimbursed from any other source Yes No

If so, what source? _____

SIGNATURES

<p>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>_____ TRAVELER'S SIGNATURE</p> <p>_____ DATE</p>	<p>PRINCIPAL INVESTIGATOR'S SIGNATURE</p> <p>_____ DATE</p> <p>Print name and title</p>
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MEALS AND INCIDENTALS (Traveler Only)

Please indicate by date the actual amounts spent for Breakfast, Lunch, Dinner, and any Incidentals. Please keep in mind that the allowed Maximum is \$71.00 for each 24-hour period (domestic rate). Foreign rate will vary depending on city and country.

ACTUAL EXPENDITURES AS REQUIRED BY [G-28 Travel Regulations](#):

- *Subsistence Expenses (starts page 25)*
- *Reporting Travel Expenses (starts page 42)*

Date	Breakfast	Lunch	Dinner	Incidentals	Daily Total

I hereby certify that I am not requesting reimbursement for any alcohol purchased on this trip.