DOMESTIC TRAVEL REIMBURSEMENT WORKSHEET

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 A	Available:	Yes	No
		U.S. Citizen:		Yes	No
					on-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 Trave	Advance for this trip? No	Yes _	Amoun	t: \$	
Was there any personal	time during this trip? No	Yes From:	To:		_
MEALS AND INCIDENT	TAL EXPENSES (LIST ACT	TUAL EXPENSES	ON PAGE 2)	
Actual amount spent on	meals listed on daily log. Y	ou may claim up to	\$Î Gper day	<i>'</i> .	
There is no per diem for	or Domestic Travel (See pa	age 2 for daily log.)		
LODGING Max \$275 pe	er night before taxes & mand	datory fees. See MS	SI website fo	r additonal inf	fo. http://msi.ucsb.edu/trave
Did you share a room?	Yes No If so,	with whom?			<u></u>
Number of nights:	Rate: \$	Tax: \$Other: \$			
			Other: \$		
Number of nights:	Rate: \$Ta:	x: \$Ot	ner: \$		
TRANSPORTATION					
Airfare: \$	_ RT Paid for by:	Credit Card	Airfare	Direct Billed-Conn	exxus
Private Car Mileage:	License Plate #:	Ch	Check here to confirm your li		liability insurance
Rental Vehicle:\$	Gas: \$	UC Vehicle:	ÆWYes	No	
	Train: \$			ner: \$	
MISCELLANEOUS					
Registration: \$	Tele/Fax/Internet: \$	Parking: \$_		_Other (expla	uin): \$
Are you being reimburse		Yes No			
If so, what source?					
SIGNATURES					
by me on official University business o	ent, that the expenses claimed were incurred on the dates shown, and that I have attached 5 or more, as required by University policy.	PRINCIPAL INVESTIGATOR'S SI	GNATURE	D#	ATE
TRAVELER'S SIGNATURE	DATE	Print name and title			

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 \$62.00 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

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