

FOREIGN TRAVEL REIMBURSEMENT WORKSHEET

TRIP ID: _____
VENDOR ID: _____

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

Name: _____

Date: _____

Employee ID#: _____

UC Employee: " " "I gu " " "No U.S. Citizen: " " "Yes "No
If not a U.S. Citizen attach a copy of your visa/passport (non-UC employees only)".

Phone No.: _____

Direct Deposit if Available: "Yes "No

E-mail: _____

Mailing Address: _____

Home Campus: _____

Project(s) to be charged: _____

Purpose of Travel: _____

Destination: _____

Did you obtain a Travel Advance for this trip? No Yes Amount: \$ _____
Was there any personal time during this trip? No "Yes From: _____ To: _____

Are you being reimbursed from any other source? "Yes "No If so, what source? _____

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 Airfare Direct Billed-Connexus

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

Rental Vehicle: \$ _____ Gas: \$ _____ Ferry: \$ _____ "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 and meals if you are claiming "actual" rather than per diem.)

MISCELLANEOUS

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

Foreign Exchange Fees: \$ _____ Baggage fee: \$ _____

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.

PRINCIPAL INVESTIGATOR SIGNATURE

DATE

Traveler's Signature

DATE

Print name and title: