

**DOMESTIC TRAVEL  
REIMBURSEMENT WORKSHEET**

Print and Sign, attach ALL receipts, turn into Travel Coordinator.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
SS#/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: \_\_\_\_\_

**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 ON PAGE 2)**

Actual amount spent on meals listed on daily log. You may claim up to \$62 per day.

**There is no per diem for Domestic (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>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, as required by University policy.</p> <p>_____</p> <p>AUTHORIZING SIGNATURE DATE</p>	<p>AUTHORIZING SIGNATURE DATE_</p> <p>_____</p> <p>Print name and title</p>
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