FOREIGN TRAVEL
REIMBURSEMENT WORKSHEET

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

Name: _____   Date: _____

SS#/Employee ID#: _____   UC Employee: Yes   No

Extension: _____   U.S. Citizen: Yes   No

E-mail Address: _____   City of Residence: _____

Home Campus: _____   Vendor I.D. # (if known): _____

Account to be charged: _____

Purpose of Travel:

_____

Destination: _____

Did you obtain a Travel Advance for this trip?   **No**   **Yes** $ _____

Was there any personal time during this trip?   No   Yes   From: _____   To: _____

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   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: $ _____   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 if you are claiming "actual" rather than per diem.)

MISCELLANEOUS

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

Foreign Exchange Fees: $ _____   Exchange Rate Used: $ 1.00 U.S. = _____

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.

_____
Traveler's Signature   **Date**