

**DOMESTIC TRAVEL  
REIMBURSEMENT WORKSHEET**

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

**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 \$79 per day. Amount: \$ \_\_\_\_\_

**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**

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.	
_____	_____
■ SIGNATURE	DATE

