

# TRAVEL REIMBURSEMENT WORKSHEET

Submit completed form along with ALL ORIGINAL RECEIPTS to your travel processor

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Campus: \_\_\_\_\_

\_\_\_\_\_  
U.S. Citizen:  Yes  No

City, State & Zip: \_\_\_\_\_

## Account to be charged:

\_\_\_\_\_

**Purpose of travel:** *include proof; flyer of conference, talk, seminar etc...w/dates & location:*

\_\_\_\_\_

Destination: \_\_\_\_\_

Initial Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Initial Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Did you obtain a Travel Advance for this trip?  Yes  No \$ \_\_\_\_\_

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

## TRANSPORTATION

Airfare: \$ \_\_\_\_\_ Paid for by:  Credit Card

Private Car Mileage: \_\_\_\_\_  Charged directly to department

Private Car License Plate #: \_\_\_\_\_  Check here if you carry liability insurance

Rental Vehicle: \$ \_\_\_\_\_ UC Vehicle:  Yes  No

Rental Vehicle Gas: \$ \_\_\_\_\_ Parking: \$ \_\_\_\_\_

Taxi/Bus/Shuttle: \$ \_\_\_\_\_ Train: \$ \_\_\_\_\_

## LODGING

Did you share a room?  Yes  No If so, with whom? \_\_\_\_\_

Number of nights: \_\_\_\_\_ Rate: \$ \_\_\_\_\_ Tax: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

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## MISCELLANEOUS

Registration: \$ \_\_\_\_\_ Telephone/Fax/Internet: \$ \_\_\_\_\_ Meals: \$ \_\_\_\_\_

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