

POST TRAVEL EXPENSE

Traveler's Name: Jane Smith
 Traveler's Email: jsmith@indiana.edu
 Address: Indiana University
800 Atwater Avenue, Bloomington, IN 47405
 Phone: (812) 555 -1234

Office Use Only	AP Review: Yes <input type="radio"/> No <input type="radio"/>
Document #:	
Date Due:	
Vendor#: @	

Trip Number: _____ Date: _____
 Prepared by: _____ Email: _____ Ext: _____

Destination(s): UC Santa Cruz, California
 Purpose of Travel: AO Summer School 2009
 Departure Date: 8/9/09 Time: 7:00 AM
 Return Date: 8/15/09 Time: 10:00 PM

Traveler's Status	
US Citizen: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	
Foreign Visa Type: _____	
UC Student Campus: _____	
UC Employee Campus: _____	

Payments Made To/Or On Behalf Of Traveler

Airfare	
Reg Fee	
Lodging	
Other (explain)	
Total	
Cash Advance	

Record times/dates of business portions of travel. Provide explanation if trip included personal travel.

Refer to Travel Guides for reimbursement validation - http://financial.ucsc.edu/Pages/Travel_Main.aspx

Description of Expense	Date	Date	Date	Date	Date	Date	Date	TOTAL	COMMENTS
	8/9/09	8/10/09	8/11/09	8/12/09	8/13/09	8/14/09	8/15/09	EXPENSE	
Airfare *	369.00							369.00	to/fr: From IND to SJC and Return (receipt required)
Personal car mileage	48					48		96	(Round to the nearest mile for auto calculations)
Reimburse - 55¢ a mile Effective - Jan 1, 2009	26.40					26.40		52.80	to/fr: From Home to IND Airport & Return (calculate mileage online & submit w/ reimbursement)
Personal car mileage									(Round to the nearest mile for auto calculations)
Reimburse - 58.5¢ a mile Effective - July 1, 2008									to/fr:
Rental Car * (exclude ins.)	N/A								to/fr:
Other Transportation	75.00						75.00	150.00	to/fr: 8/9: Shuttle: SJC-UCSC; 8/14: UCSC-SJC (receipt req.)
Parking/Tolls						66.00		66.00	Parking at IND Long-Term Parking Lot (receipt required)
Conference Registration*	N/A								
Lodging * (rm+tax only)	N/A								
Meals / Incidentals (M&IE)	22.73						14.59	37.32	Claim ACTUAL costs for meals purchased. Only meals purchased upon your arrival and departure from AO Summer School will be reimbursed.
Long Term	N/A								
Foreign Per Diem	N/A								
Miscellaneous (explain)									
**Totals from add'tnl forms									Less Payments on behalf of Traveler
TOTALS:	493.13					92.40	89.59	675.12	Due to Traveler or <Due to Regents>

* Must submit original receipts. ** Use additional forms for travel over 7 days. Carry forward expense totals on this line.

Traveler's certification: I certify that the above is a true statement, that the actual expenses claimed were incurred by me while on official University business on the dates shown, and that I have attached original receipts for each expense of \$75.00 or more, as required by University policy. I certify that I have complied with California's auto liability insurance law while operating my personal auto on University business.

Traveler's Signature (Required)
 Sign and Date

 Other Authorizing Signatures
 Sign and Date

Amount to charge FOAPAL				
Fund	Org	Account	Activity	Amount

 Authorized Funding Signature and Date

Revised 1/5/2009

Submit completed form and original supporting documentation to the Departmental or Divisional Office

Return form to: CfAO, UC Santa Cruz, 1156 High Street, Santa Cruz, CA 95060