

POST TRAVEL EXPENSE

Office Use Only

Document #:

Date Due:

Vendor#: @

Trip Number: _____

Date: _____

Prepared by: _____

Email: _____

Ext: _____

Traveler's Name: _____

Traveler's Email: _____

Address: _____

Phone: _____

Destination(s): _____

Purpose of Travel: _____

Departure Date: _____

Time: _____

Return Date: _____

Time: _____

Traveler's Status

US Citizen: Yes: _____ No: _____

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
								EXPENSE	
Airfare *									to/fr:
Personal car mileage									(Round to the nearest mile for auto calculations)
Reimburse - 50¢ a mile Effective - Jan 1, 2010									to/fr:
Personal car mileage									(Round to the nearest mile for auto calculations)
Reimburse - 55¢ a mile Effective - Jan 1, 2009									to/fr:
Rental Car * (exclude ins.)									to/fr:
Other Transportation									to/fr:
Parking/Tolls									
Conference Registration*									
Lodging * (rm+tax only)									
Meals / Incidentals (M&IE)									Claim ACTUAL costs for meals purchased. Only meals purchased upon your arrival and departure from AO Summer School will be reimbursed.
Long Term									
Foreign Per Diem									
Miscellaneous (explain)									
**Totals from add'tnl forms									Less Payments on behalf of Traveler Less Cash Advance Due to Traveler or <Due to Regents>
TOTALS:									

* 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.

Amount to charge FOAPAL

Fund	Org	Account	Activity	Amount

Traveler's Signature (Required)

Sign and Date

Other Authorizing Signatures

Sign and Date

Authorized Funding Signature and Date