

FOREIGN TRAVEL REIMBURSEMENT WORKSHEET

Submit completed form along with all original receipts to your travel processor within 2 weeks of return date.

Name: _____ Date: _____

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): _____

CCOA: _____

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, as required by University policy.

Traveler's Signature

Date

AUTHORIZING SIGNATURE

DATE

Print name and title: