



## Travel Reimbursement Worksheet

**1. Your Name** \_\_\_\_\_

**Account you use REQUIRED:** \_\_\_\_\_

**City of Residence** \_\_\_\_\_

Check Yes or No:		
U.S. Citizen?	Yes	No
UC Employee?	Yes	No

**If any No: Please include home address:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Destination** \_\_\_\_\_ **Purpose of Trip:** \_\_\_\_\_

	Date:	Time:
<b>Departure:</b>		
<b>Return:</b>		

**3. Meals & Lodgings Claims\*\*** **Lodging shared with:** \_\_\_\_\_

	Lodging * (room +tax, less all food/bar charges)	Meals & Incidentals (not to exceed *\$50/day)
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		
Day 8		
Day 9		
Day 10		
Day 11		
For trips more than 11 days, continue on back of sheet		

\* Domestic Trip Allowances; Foreign Trips check with office.

\*\* expenses are reimbursed for **ACTUAL**, out-of-pocket expenses. No meal receipts are required. All lodging expenses and expenses over \$75 require a receipt.

**Trips less than 24 hours:** to claim meals must either leave before 7am or return after 7pm, and trip **MUST** be at least 10 hours in length. \$33.00 Maximum allowed.

**Any Explanations??** \_\_\_\_\_

**4. Transportation Claims:**

Airfare:	\$ _____		Private Car Mileage: _____ ( at .405/mile)
Rental Car:	\$ _____	Gas: \$ _____	License # _____
Taxi/Bus:	\$ _____		Insured? Yes No
Other:	\$ _____		
List type of cost	\$ _____	Parking:\$ _____	

**5. Miscellaneous & Other Expenses:**

Registration \$ \_\_\_\_\_ (Receipt & badge required) Other (list) \$ \_\_\_\_\_