

VENDOR ID: _____

VENDOR ID REQUEST DATE: _____



FOREIGN TRAVEL REIMBURSEMENT WORKSHEET

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

Name: _____

Date: _____

Mailing Address: _____

UC Employee: Yes No

E-mail Address: _____

U.S. Citizen Status:

- U.S Citizen
- Permanent Resident
- Non-Resident Alien

Home Campus: _____

Purpose of Travel: _____

Destination: _____

Did you obtain a Travel Advance for this trip? No Yes Amount: \$ _____

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:				

(Attach additional sheets if necessary)

Final Arrival Location: _____ Initial Arrival Date: _____ Initial 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 Actual Amount: \$ _____

Are you claiming per diem lodging? Yes No Actual Amount: \$ _____

(You must provide receipts for lodging and meals, 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. = _____

Are you being reimbursed from any other source Yes No if so, what source? _____

Comments: _____

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 _____

For IHC use | Project Code: _____ Account-Fund: _____

