

VENDOR ID: _____

VENDOR ID REQUEST DATE: _____



DOMESTIC TRAVEL REIMBURSEMENT WORKSHEET

Submit completed form along with all original receipts to your travel processor

Name: _____

Date: _____

Street Address: _____

UC Employee: Yes No

City, State, Zip: _____

U.S. Citizen Status:

Phone: _____

U.S Citizen

E-mail Address: _____

Permanent Resident

Account name: _____

Non-Resident Alien

Purpose of Travel: _____

Destination: _____

Initial Departure Date: _____ Return Date: _____

Initial Departure Time: _____ Return Time: _____

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

Was there any personal time during this trip? No Yes From: _____ To: _____

MEALS AND INCIDENTAL EXPENSES (LIST ACTUAL EXPENSES ON PAGE 2)

Actual amount spent on meals listed on daily log. You may claim up to \$62 per day.

There is no per diem for Domestic (See page 2 for daily log.)

LODGING

Did you share a room? Yes No If so, with whom? _____

Number of nights: _____ Rate: \$ _____ Tax: \$ _____ Other: \$ _____

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TRANSPORTATION

Airfare: \$ _____ RT Paid for by: Credit Card Airfare Direct Billed-Connexus

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: \$ _____

MISCELLANEOUS

Registration: \$ _____ Tele/Fax/Internet: \$ _____ Parking: \$ _____ Other (explain): \$ _____

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

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 of \$75 or more, as required by University policy.

Traveler's Signature

Date

AUTHORIZING SIGNATURE

DATE

Print name and title

For IHC use | Project Code: _____ Account-Fund: _____ Domestic Travel Reimbursement Worksheet Rev. 5.8.19

MEALS AND INCIDENTALS

Please indicate by date the actual amounts spent for Breakfast, Lunch, Dinner, and any Incidentals. Please keep in mind that the allowed Maximum is \$62.00 for each 24-hour period (domestic rate). Foreign rate will vary depending on city and country.

ACTUAL EXPENDITURES AS REQUIRED BY G-28 Travel Regulations:

- Subsistence Expenses (starts page 25) • Reporting Travel Expenses (starts page 41)

DATE	BREAKFAST	LUNCH	DINNER	INCIDENTALS	DAILY TOTAL

I hereby certify that I am not requesting reimbursement for any alcohol purchased on this trip.