



# 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

City, State, Zip: \_\_\_\_\_

**U.S. Citizen Status:**

Phone: \_\_\_\_\_

U.S Citizen

E-mail Address: \_\_\_\_\_

Permanent Resident

Non-Resident Alien

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: \_\_\_\_\_

Purpose: \_\_\_\_\_

Departure Location: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

• Location 1: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

• Location 2: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Arrival Location: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ 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

**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 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.*