

POST TRAVEL EXPENSE

Office Use Only	
Document #:	
Date Due:	
Vendor#: @	

Traveler's Name: _____

Traveler's Email: _____

Address: _____

Phone: _____

Destination(s): _____

Purpose of Travel: _____

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Traveler's Status	
US Citizen: Yes: _____ No: _____	
Foreign Visa Type: _____	
UC Student Campus: _____	
UC Employee Campus: _____	

Trip Number: _____ Date: _____

Prepared by: _____ Email: _____ Ext: _____

Payments Made To/Or On Behalf Of Traveler

Airfare	
Reg Fee	
Lodging	
Other (explain)	
Total	
Cash Advance	

Record times/dates of business portions of travel. Provide explanation if trip included personal travel.

Refer to Travel Guides for reimbursement validation - http://financial.ucsc.edu/Pages/Travel_Main.aspx

Description of Expense	Date	Date	Date	Date	Date	Date	Date	Date	TOTAL	COMMENTS
									EXPENSE	
Airfare *										to/fr:
Personal car mileage										(Round to the nearest mile for auto calculations)
Reimburse - 50¢ a mile Effective - Jan 1, 2010										to/fr:
Personal car mileage										(Round to the nearest mile for auto calculations)
Reimburse - 55¢ a mile Effective - Jan 1, 2009										to/fr:
Rental Car * (exclude ins.)										to/fr:
Other Transportation										to/fr:
Parking/Tolls										
Conference Registration*										
Lodging * (rm+tax only)										
Meals / Incidentals (M&IE)										Claim ACTUAL M&IE, up to \$64/day, for travel that includes an overnight stay or is over 24 hrs. (Check with your business office for reimbursement restrictions)
Long Term										
Foreign Per Diem										
Miscellaneous (explain)										
**Totals from add'tnl forms										Less Payments on behalf of Traveler Less Cash Advance Due to Traveler or <Due to Regents>
TOTALS:										

* Must submit original receipts. ** Use additional forms for travel over 7 days. Carry forward expense totals on this line.

Traveler's certification: I certify that the above is a true statement, that the actual expenses claimed were incurred by me while on official University business on the dates shown, and that I have attached original receipts for each expense of \$75.00 or more, as required by University policy. I certify that I have complied with California's auto liability insurance law while operating my personal auto on University business.

Amount to charge FOAPAL				
Fund	Org	Account	Activity	Amount
<p>_____ Authorized Funding Signature and Date</p>				

Traveler's Signature (Required)

Sign and Date

Other Authorizing Signatures

Sign and Date

Revised 1/5/2010