DOMESTIC TRAVEL REIMBURSEMENT WORKSHEET

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

Name:				_	Date:				
Employee ID#:					UC Employee	e:	Yes	No	
Address:				_	U.S. Citizen:		Yes	No	
_				_	City of Reside	ence:			
Extension: _				_			:		
E-mail Address:				_	Home Campi	us:			
Account to be	charged:								
Purpose of Trave	el:								
Destination:									
Initial Departure					Return Date:				
Initial Departure					Return Time:	·			
Did you obtain				- No	Yes				
Was there any p	ersonal time	during this t	rip?	No	Yes				
TRANSPORTAT	ΓΙΟΝ	-	•						
Airfare: \$		RT	Paid fo	r by:	Credit Car	d	Charged to Depa	artment	
Private Car Mile					Check	k here to	confirm your lia	ability insu	rance
Rental Vehicle:	\$	Re	ntal Vehicle	Gasoli	ine: \$		UC Vehicle:	Yes	No
Taxi/Bus: \$		Train: \$		_	Other: \$		Parking: \$_		
<u>MEALS</u>									
Actual amount s	pent on mea	ls per day:		То	tal				
Please see back	of this form	for daily mea	al		Ġ				
price breakdown	ÁÇ,^~ĭãi^åDb≚	ÁQÁ [ˇÁãoÁ }	^Ás@^Áq[cæ¢Á	9e{ [ັ} (£ÁT[*Á,ā Á,[œÁ	à^Á\^ą̃à	aˇ¦∙^å.		
LODGING									
Did you share a	room?	Yes	No	If so, w	vith whom? _				
Number of night	s:	Raf	:e: \$		Tax: \$		Other: \$		
Number of nights	s:	Raf	:e: \$		Tax: \$		Other: \$		
Number of nights	s:	Raf	:e: \$		Tax: \$		Other: \$		
MISCELLANEO	<u>US</u>								
Registration: \$ Tele/Fax: \$						Other	(explain): \$		_
Comments:									_
SIGNATURES	<u> </u>				–				_
	I certify that the above is a true statement, that the expenses claimed we by me on official University business on the dates shown, and that I have original receipts for each expense of \$75 or more, as required by Unive				AUTHORIZI	NG SIGNATUF	RE DATE		
Traveler's Signature		Date	Print name and	d title			-		

Please indicate by date the actual amounts spent for Breakfast, Lunch, Dinner and Incidentals.

Please keep in mind the allowed <u>maximum for</u> each 24 hour period (domestic travel) is \$71. No meal reimbursement allowed for trips less than 24 hours in duration. <u>RECEIPTS MAY BE REQUESTED.</u>

DATE:	BREAKFAST:	LUNCH:	DINNER:	INCIDENTALS:	(FOR MATH USE)
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	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	1 11.00.111.00.1111.00.1111.00.1111.00.1111.00.1111.00.1111.00.1111.00.1111.00.1111.00.1111.00.1111.00.1111.00.1
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	<u>\$</u>	\$	<u>\$</u>	<u>\$</u>	•••••••••••••••••••••••••••••••••••••••
	<u>\$</u>	\$	\$	<u>\$</u>	
	\$	\$	<u>\$</u>	<u>\$</u>	

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.

PLEASE RETURN COMPLETED WORKSHEETS ALONG WITH RECEIPTS TO:

Attention: TRAVEL Department of Mathematics University of California Santa Barbara, CA 93106-3080

Special notes to voucher preparer:

REQUIRED DOCUMENTATION FOR NON-U.S. CITIZENS (not applicable to UC Employees)
Permanent Residents-Please attach copy of Green Card (front and back)
Other Immigration Statuses:

- 1. Fill out "Declaration of Immigration Status by Non-U.S. Citizens" Form
- 2.Attach copy of passport picture (country of origin) and copy of I-94 or waiver