DOMESTIC TRAVEL REIMBURSEMENT WORKSHEET Submit completed form along with all original receipts to your travel processor

Name:	Date:						
SS#/Employee ID#:	UC Emplo	oyee: Yes No					
Address:	_ U.S. Citiz	U.S. Citizen: Yes No					
	_ City of Re	esidence:					
Phone:	Vendor IC	Vendor ID (if known):					
E-mail Address:	. Home Ca	Home Campus:					
Account to be charged:							
Purpose of Travel:							
Destination:							
Initial Departure Date: F							
Initial Departure Time: F	Return Time:						
Did you obtain a Travel Advance for this trip							
Was there any personal time during this trip? N	lo Yes From: _	Т	Го:				
MEALS AND INCIDENTAL EXPENSES (LIST	ACTUAL EXPE	NSES ON PAG	E 2)				
Actual amount spent on meals listed on daily lo	og. You may clair	n up to \$62 per	day.				
There is no per diem for Domestic (See page	e 2 for daily log	.)					
LODGING							
Did you share a room? Yes No	If so, with whom?	?					
Number of nights: Rate: \$	Tax: \$	Other: \$_					
Number of nights: Rate: \$	Tax: \$	Other: \$_					
Number of nights: Rate: \$	Tax: \$	Other: \$_					
TRANSPORTATION							
Airfare: \$ RT Paid for by: Cr	e: \$ RT Paid for by: Credit Card Charged to Department						
Private Car Mileage: License Plate #	#:	Check here to	confirm your liability insurance				
Rental Vehicle: \$ Rental Vehic	cle Gasoline: \$_	UC	Vehicle: Yes No				
Taxi/Bus: \$ Train: \$ Other: \$							
MISCELLANEOUS							
Registration: \$ Tele/Fax/Internet:	\$ Par	king: \$	Other (explain):				
\$							
Comments:							
SIGNATURES							
I certify that the above is a true statement, that the expenses claimed were incur by me on official University business on the dates shown, and that I have attac original receipts for each expense of \$75 or more, as required by University pol-	ched	AUTHORIZING SIGNATURE DATE_					
AUTHORIZING SIGNATURE DATE	Print name and t	Print name and title					

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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