



BDS TRAVEL REIMBURSEMENT REQUEST

Original Receipts must be provided within 7 days of completion of travel for all costs to be reimbursed (air, ground transportation, hotel, meals, registration fees, etc.)

CONTACT INFORMATION

Name			Professor/Lab		
Address			City/State		Zip
Email		Phone No.		Employee ID/SSN/EIN	
US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If alien, country of residence (please attach a copy of Visa, I-94, UC W-8BEN, & COAA)			

TRIP INFORMATION

Trip Purpose			
Depart From		Departure Date & Time	
Destination		Return Date & Time	

EXPENSES (If reporting foreign currency costs below, please identify)

Airfare	\$	Ticket stub/ticketless itinerary must be provided for airfare expenses. Was CTS used to pay for airfare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ground	\$	Please identify method (Train/Car Rental/Shuttle/Taxi)
Private Car	\$	Please provide total mileage [New rate: 55.5 cents/mile, effective 7/1/2011 Old rate: 51 cents/mile, valid through 6/30/2011] Vehicle License #: Does vehicle have liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Miscellaneous	\$	<input type="checkbox"/> Parking <input type="checkbox"/> Registration Fees <input type="checkbox"/> Other (please explain):

DAILY EXPENSES

Fill in daily expenses in table below (use additional table in attached worksheet, if needed, see tab below labeled "More Daily Expenses").

Original receipts must be provided for costs listed below. Lodging invoices must show a zero balance or be marked paid in full (failure to provide a zero-balance hotel statement will result in delayed processing).

Maximum Meal Allowances for Domestic Travel:

- Travel less than twelve (12) hours = \$0 (no reimbursement)
- Travel more than twelve (12) hours but less than 24 hours = up to \$42
- Travel more than 24 hours but less than 30 days = up to \$64/day

Maximum Meal & Lodging Allowances for Foreign Travel vary from region to region; rates are determined by the U.S. State Department. Contact the BSO prior to your trip for per diem rates; this information will help you plan your trip and ensure full expense reimbursement. University policy prohibits reimbursements over established per diem rates.

DATE							
Breakfast							
Lunch							
Dinner							
Lodging							
Subtotal							

TOTAL REIMBURSEMENT AMOUNT \$

GRANT OR FUND TO BE CHARGED

Account	Fund	Org	Program	Project	Flex	\$ Amount

Certification by Traveler

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 and departmental policy.

Traveler's Signature	X
Dept Approval Signature (per Section IV.G-28 of UC Travel Policy , this may NOT be signed by traveler or subordinate of traveler)	X
Accountant Signature	X