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.

US Citizen? □ Yes □ 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? □ Yes □ 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]
Does vehicle have liability insurance? □ Yes □ No

Miscellaneous $ 
□ Parking □ Registration Fees □ 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

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

Accountant Signature

X
X
X