DOMESTIC TRAVEL
REIMBURSEMENT WORKSHEET

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

Name: _____ Date: _____

Employee ID#: _____ UC Employee:Yes ○ No ○

Address: _____ U.S. Citizen: Yes ○ No ○

_____ City of Residence: _____

Phone: _____ Vendor ID (if known): _____

E-mail Address: _____ Home Campus: _____

CCOA to be charged: _____

Purpose of Travel: _____

Destination: _____

Initial Departure Date: _____ Return Date: _____

Initial Departure Time: _____ Return Time: _____

Did you obtain a Travel Advance for this trip? No ☐ **Yes** ☐ Amount: $_____

Was there any personal time during this trip? No Yes From: _____ To: _____

MEALS AND INCIDENTAL EXPENSES (LIST ACTUAL EXPENSES ON PAGE 2)

Actual amount spent on meals listed on daily log. You may claim up to $92 per day. Amount: $ _____

There is no per diem for Domestic (See page 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: Credit Card_____ Charged to Department _____

Private Car Mileage: _____ License Plate #: _____ Check here to confirm your liability insurance ☐

Rental Vehicle: $_____ Rental Vehicle Gasoline: $_____ UC Vehicle: Yes ☐ No ☐

Taxi/Bus: $_____ Train: $_____ Other: $_____

MISCELLANEOUS

Registration: $_____ Tele/Fax/Internet: $_____ Parking: $_____ Other (explain):

$_____

Comments: _____

SIGNATURES

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 of $75 or more, as required by University policy.

_____

TRAVELER'S SIGNATURE DATE

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 $92.00 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