

GUEST TRAVEL REIMBURSEMENT WORKSHEET

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

Name: _____ Date: _____

Address: _____

U.S. Citizen: Yes No

City of Residence: _____

Phone: _____

Guest ID (if known): _____

E-mail Address: _____

Home Campus: _____

Account to be charged: _____

Purpose of Travel: _____

Destination: _____

Initial Departure Date: _____ Return Date: _____

Initial Departure Time: _____ Return Time: _____

Did you obtain Travel Insurance for this trip? No _____ Yes _____

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 DAILY LOG ON PAGE 2)

There is no per diem for Domestic. You may claim up to \$92 per day.

LODGING

Did you share a room? Yes _____ No _____ If so, with whom? _____

Number of nights: _____ Rate: \$ _____ Tax: \$ _____ Other: \$ _____

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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

<p>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.</p> <p>_____</p> <p>AUTHORIZING SIGNATURE DATE</p>	<p>AUTHORIZING SIGNATURE DATE_</p> <p>_____</p> <p>Print name and title</p>
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