

**DOMESTIC TRAVEL
REIMBURSEMENT WORKSHEET**

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

Name: _____ **Date:** _____
SS#/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:** _____

Account 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 \$71 per day.

There is no per diem for Domestic (See page 2 for daily log.)

LODGING - TO BE DIRECT BILLED TO BLST DEPARTMENT

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>_____ AUTHORIZING SIGNATURE DATE</p>	<p>AUTHORIZING SIGNATURE DATE_</p> <p>_____ Print name and title</p>
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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 \$71.00 for each 24-hour period (domestic rate). Foreign rate will vary depending on city and country.

ACTUAL ITEMIZED RECEIPTS REQUIRED per [G-28 Travel Regulations](#):

- *Subsistence Expenses (starts page 25)*
- *Reporting Travel Expenses (starts page 41)*

Date	Breakfast	Lunch	Dinner	Incidentals	Daily Total