

**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  
Extension: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Vendor ID (if known): \_\_\_\_\_  
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 \$ \_\_\_\_\_

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

**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: \$ \_\_\_\_\_ Parking: \$ \_\_\_\_\_

**MEALS**

Actual amount spent on meals per day: 1) \$ \_\_\_\_\_ 4) \_\_\_\_\_ 7) \_\_\_\_\_  
You may claim up to \$50 per day. 2) \$ \_\_\_\_\_ 5) \_\_\_\_\_ 8) \_\_\_\_\_  
3) \$ \_\_\_\_\_ 6) \_\_\_\_\_ 9) \_\_\_\_\_

**LODGING**

Did you share a room? Yes No If so, with whom? \_\_\_\_\_  
Number of nights: \_\_\_\_\_ Rate: \$ \_\_\_\_\_ Tax: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
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**MISCELLANEOUS**

Registration: \$ \_\_\_\_\_ Tele/Fax: \$ \_\_\_\_\_ 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

AUTHORIZING SIGNATURE DATE

\_\_\_\_\_  
Print name and title