

Date: _____ Dept: _____ Preparer: _____

PAYEE	UC Employee		Student	Vendor	Other:
	Name: _____			Emp/Stu/Ven ID: _____	_____
	Address: _____			City/ST/Zip: _____	_____
	E-Mail: _____			Phone: _____	_____
	US Citizen/Permanent Resident?		Yes	No	If no, you will be contacted by CSS for more info , e.g. Passport, I-94,UC-W-8BEN,COAA)

TRIP	Business Purpose (state date(s), location(s) and reason(s): _____
	Special Circumstances/Personal Time (state location & duration): _____

TRAVEL EXPENSES	Air Fare:		Seeking Reimbursement?	Yes	No	Air Fare Amount: _____	
			Direct Bill?	Yes	(Attach Connexus Itinerary)		No (Attach Itinerary & Proof of Payment)
	Personal Car: (Standard Mileage Rate for Business Related Travel is 56 cents per mile)						
	Date	Drove From Address	Drove To Address	Rate	Miles	Amount	
TOTALS							
Rental Car:		Economy/Compact/Intermediate		Other Size			
Reason for "Other Size" Car: _____						Car Rental Amount: _____	
Transportation & Other Misc. Expenses:							
Taxi	_____	Shuttle	_____	Bus	_____	Gas	_____
Toll	_____	Parking	_____	Baggage	_____	Other	_____
Phone	_____	Internet	_____	BART/Rail	_____	Tips	_____
						(non meal)	(non meal)
Conference/Registration Fee:		Seeking Reimbursement?	Yes	No	Conference/Registration Fee Amount: _____		
		Paid on bluCard?	Yes	No	(*If paid on bluCard, do not enter amount*)		
TOTAL TRAVEL EXPENSES:							

* If additional space is needed, either attach another "daily expense" section or your own detailed spreadsheet of expenses *

DAILY EXPENSES	Requesting:		Per Diem		Actual Expenses		Currency _____	
	Date	Location	Lodging	Breakfast	Lunch	Dinner	Light Ref	M&IE Totals
LODGING TOTAL:				M&IE TOTAL:				
				LODGING & M&IE TOTAL:				

Travel Advance?	Yes	Travel Advance Amt:	ESTIMATED REIMBURSEMENT:
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COA	Account	Fund	Dept	Program	CF 1	CF 2	\$ Amount	Accounting Approval (Dept Specific)

CERTIFICATION	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 policy.	
	Traveler Name and Title: _____	
	Traveler Signature: _____	Date: _____
	Authorizing Name and Title: _____	
	Authorizing Signature: _____	Date: _____