

INTERNATIONAL TRAVEL REIMBURSEMENT REQUEST

FORM AND RECEIPTS FOR ALL EXPENSES MUST BE SUBMITTED WITHIN 60 DAYS OF TRAVEL

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)																																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Drove From Address</th> <th>Drove To Address</th> <th>Rate</th> <th>Miles</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="5" style="text-align: right;">TOTALS</td> <td> </td> </tr> </tbody> </table>	Date	Drove From Address	Drove To Address	Rate	Miles	Amount																									TOTALS					
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	Rental Car: Economy/Compact/Intermediate Other Size Reason for "Other Size" Car: _____ Car Rental Amount: _____																																				
Transportation & Other Misc. Expenses:																																					
Taxi _____ Shuttle _____ Bus _____ Gas _____ Other _____ Toll _____ Parking _____ Baggage _____ Other _____ Other _____ Phone _____ Internet _____ BART/Rail _____ Tips _____ 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 _____																																																								
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T	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: _____