

## BRC Travel & Business Entertainment Summary - Employee Reimbursement Form

<b>UCOP - Business Resource Center</b> 1111 Franklin Street, 9th Floor, Oakland, CA 94607			Dept Code	TR NUMBER
				[BRC ONLY]
TRAVELER'S NAME	DEPT. NAME	PHONE	Date(s) of Travel	
Meeting/Conference (full name):		Event Dates:	Event Location: (City/State)	
Prepared by	Preparer Email	Preparer phone	Date prepared	

LOC	ACCOUNT	FUND	Project	SUB	Source	% split	BUSINESS JUSTIFICATION PURPOSE OF TRIP

PERSONAL CAR BUSINESS MILEAGE - Enter total miles in detail below.*	
Depart City:	Arrival City:
Depart DATE/TIME	Arrival DATE/TIME
Depart City :	Arrival City:
Depart DATE/TIME	Arrival DATE/TIME

EXPENDITURES & REIMBURSEMENTS							Travel Destination(s)
<b>IMPORTANT:</b> Please insert funds as appropriate indicating if expense was paid from personal funds, corporate card or prepaid/direct bill. Please <b>DO NOT</b> enter any expense in more than one category below.							
Travel Expense Detail	Enter Expenditures in appropriate column			Auto Fill		Receipt	Expense Exceptions or Detail
	Direct Billed/ Prepaid	T&E CARD	PERSONAL FUNDS	TRIP TOTAL	REIMBURSABLE TO TRAVELER	Check if Attached	
CONFERENCE REGISTRATION							
AIRFARE							
AIRFARE Other Fees - e.g. baggage fees, change fees							
HOTEL / LODGING							
<b>IMPORTANT:</b> if parking, food & incidentals are included on hotel bill <u>do not double enter</u> in categories below)							
RENTAL CAR							
RENTAL CAR GAS							
Meals & Incidentals (totals carry over from page 2) (M&I that is not included in hotel bill)							
Entertainment (manually type in amounts from page 2 totals)							
MILEAGE: *Estimated Mileage (Rate X Miles) <b>0.535</b>							
Enter Total Miles							
Total Ground Transportation: (totals carry over from page 2)							
PARKING (that is not included on hotel bill)							
TOLLS							
OTHER (Describe)							
<b>Estimated Totals</b>							<b>NOTE: This is an estimate of reimbursement.</b> <b>Actual reimbursement will be determined by UC policy.</b>

**\*MILEAGE NOTE** - As a general rule the basic mileage reimbursement guidelines are as follows:  
*Business travel on weekdays day or evening: UC reimburses business mileage in excess of normal commute expenses only.*  
*Business travel on weekends or UC holidays: Report mileage from home to the destination using the most direct route.*  
 Please see chart **How mileage and ground transportation reimbursements are calculated for UCOP travelers** for more detailed information.

Expenditures of \$75 or above require original itemized receipts. Please secure all receipts with tape on 8 1/2 x 11 white paper in order of expense date & submit with this form.	
Personal Travel part of this trip?    Yes    No	List dates of personal travel (airfare comparison for business portion of travel required)
ADDITIONAL COMMENTS:	

**Approving Authority Statement:** I approve this commitment of department funds for the stated University purpose. I certify that it is an appropriate use for the fund source and that the transaction complies with University policy.

Approving Authority (Signature)	Date	Print Name	Phone
---------------------------------	------	------------	-------

**Travel Meals & Incidentals Details (G-28)**List meals & incidentals during travel. Ref: **MEALS (G-28)** Per Person Maximum

Notes	Date	T&E Card	Personal Funds
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Carry over to Page 1  
**Estimated Total  
M&I**

Date	Mode of Ground Transportation	From	To	T&E Card	Personal Funds
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Carry over to Page 1  
**Estimated Total  
Ground Transp****Business Entertainment Reimbursement Details (BUS-79)****NOTE:** Entertainment expenses require the business purpose, all attendees and job title, and affiliation for reimbursement.

Type of Expense: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Business Purpose: *(Required)* \_\_\_\_\_

Official Host: \_\_\_\_\_ Department: \_\_\_\_\_

**Additional Approval Required-Entertainment?** Ref: **Additional Approval (Appendix B BUS-79)****ATTENDEES:** (Please attach list if needed)

Name	Title	Affiliation

**Original itemized receipts required for all business entertainment expenses \$75 or more.** Ref: **Appendix A (BUS-79) Per Person Maximums (pg 21)**

Business Entertainment Description	Date	T&E Card	Personal Funds
		\$	\$
		\$	\$
		\$	\$

Transfer these totals to Page 1  
**Estimated Total  
Entertainment**

Comments/Notes: