

**DOMESTIC TRAVEL
REIMBURSEMENT WORKSHEET**

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

Name: _____ Date: _____
Employee ID#: _____ UC Employee: Yes No
Mailing Address: _____ U.S. Citizen: Yes No

City of Residence: _____
Phone: _____ Vendor ID (if known): _____
E-mail Address: _____ Home Dept: _____

Project/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 \$62 per day.

There is no per diem for Domestic (See page 2 for daily log.) TOTAL Meal & Incidental Expenses: \$ _____

LODGING Max \$275 per night before taxes & mandatory fees

Did you share a room? Yes No If so, with whom? _____

Number of nights: _____ Rate: \$ _____ Tax: \$ _____ Other: \$ _____

Number of nights: _____ Rate: \$ _____ Tax: \$ _____ Other: \$ _____

Number of nights: _____ Rate: \$ _____ Tax: \$ _____ Other: \$ _____

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: _____

Are you being reimbursed from any other source: Yes No

If so, what source? _____

TOTAL Expenses: \$ _____

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.

AUTHORIZING SIGNATURE DATE

AUTHORIZING SIGNATURE DATE

Print name and title

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 \$62.00 for each 24-hour period (domestic rate). Foreign rate will vary depending on city and country.

ACTUAL EXPENDITURES AS REQUIRED BY [G-28 Travel Regulations](#):

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

Date	Breakfast	Lunch	Dinner	Incidentals	Daily Total

MEAL & INCIDENTAL TOTAL: \$ _____