FOREIGN TRAVEL
REIMBURSEMENT WORKSHEET

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

Name: _____   Date: _____

SS#/Employee ID#: _____   UC Employee: Yes   No

Extension: _____   U.S. Citizen: Yes   No

E-mail Address: _____   City of Residence: _____

Home Campus: _____   Vendor I.D. # (if known): _____

Account to be charged: _____

Purpose of Travel: _____

_____

Destination: _____

Did you obtain a Travel Advance for this trip?   **No**   **Yes** $ _____

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

Initial Departure Location: _____   Initial Departure Date: _____   Initial Departure Time: _____

	Arrival Date	Arrival Time	Departure Date	Departure Time
Location 1:				
Location 2:				
Location 3:				
Location 4:				

Final Arrival Location: _____   Final Arrival Date: _____   Final Arrival Time: _____

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: $ _____

PER DIEM (MEALS AND LODGING)

Are you claiming per diem meals?   Yes   No   or   Actual Amount $ _____

Are you claiming per diem lodging?   Yes   No   or   Actual Amount $ _____

(You must provide receipts for lodging if you are claiming "actual" rather than per diem.)

MISCELLANEOUS

Registration: $ _____   Telephone/Fax: $ _____   Other (explain): $ _____

Foreign Exchange Fees: $ _____   Exchange Rate Used: $ 1.00 U.S. = _____

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 have attached origingal receipts as required by University policy.	AUTHORIZING SIGNATURE DATE
_____ **Traveler's Signature** **Date**	_____ **Print name and title:**