

Form and receipts must be submitted within 45 days of expenditure

Date:

Preparer:

Dept.:

If we have questions, who should we contact? Payee:

Preparer:

Other:

Preferred Contact Info. (if not Payee): Name:

Email:

Phone:

PAYEE	Name:	UC Employee:	Student:	Vendor:	Other:	Emp/Stu/Vend.ID:	Org.Node:
	Email:	Phone:	Address:				
	US Citizen/Permanent Resident?	Yes	No	If no, you will be contacted by CSS for more <a href="#">info</a> . e.g. Passport, I-94,UC-W8-BEN,COAA			

TRIP	<b>Business Purpose:</b> State date(s), location(s) and reason(s):
	Details for any <b>Personal Time, Entertainment or Special Circumstances:</b> Enter date(s), location(s). For entertainment, also include business purpose, guest names & their affiliation. <b>Enter meal costs in M&amp;IE section blw.</b>

TRANSPORTATION & MISC. EXPENSES	<b>Air Fare:</b> Seeking Reimbursement? No      Direct Bill? Yes      (If Direct Bill attach <b>Connexus Itinerary</b> ) Yes <b>Attach Itinerary &amp; Proof of Payment</b> <b>Airfare Amount:</b>																																				
	<b>Personal Car:</b> <b>Standard Mileage Rate is 57.5 cents for travel on or after January 1, 2015</b>																																				
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	<b>Rental Car:</b> Economy/Compact/Intermediate      Other Size Reason for "Other Size" Car: <b>Car Rental Amount:</b>																																				
<b>Transportation &amp; Other Misc. Expenses:</b>																																					
Gas      Parking      Taxi      Shuttle      Baggage      Phone      Tips      Other Toll      BART/Rail      Taxi      Shuttle      Other      Internet      Tips      Other (non meal)																																					
<b>Conference/Registration Fee:</b> Seeking Reimbursement? No      Yes <b>Conference/Registration Fee Amount:</b> Paid on Blue Card? No      Yes      *(If paid on bluCard, do not enter amount)																																					
<b>Optional Notes/Comments:</b>																																					
<b>TOTAL TRANSPORTATION &amp; MISC. EXPENSES:</b>																																					

LODGING, M&IE EXPENSES	<b>Lodging, Meals &amp; Incidental (M&amp;IE):</b> <b>Travelers should only claim Actual Expenses up to <u>Federal Per Diem Rate</u> for the locality of travel.</b> If additional space is needed, either attach another "daily expense" section or your own detailed spreadsheet of expenses.																																																																																	
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T	Travel Advance? Yes      Travel Advance Amt: <b>Enter (-) amt:</b> <b>ESTIMATED REIMBURSEMENT:</b>
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COA	<table border="1"> <thead> <tr> <th>Account</th> <th>Fund</th> <th>Dept</th> <th>Program</th> <th>CF 1</th> <th>CF 2</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Account	Fund	Dept	Program	CF 1	CF 2	\$ Amount																						Optional: Chartstring Description
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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: _____