

☐ Employee
 ☐ Student
 ☒ Non-Employee
 \*No Per-Diem Reimbursement Permitted For Non-Employees

## Travel Voucher

Voucher Number  TVL Number

### Department Information

Dept/Org Name: **Simons Center for Geometry & Physics** Zip+4: **3636**  
 Contact Name: **Melissa Wessler** Phone: **2-2858**

Traveler Information

#### Please indicate one of the following:

A Citizen of the United States ☐ Yes ☒ No  
 Permanent US Resident ☐ Yes ☒ No  
 Non-Resident Alien (NRA) ☒ Yes ☐ No  
 If yes, provide copy of alien registration card  
 If yes, Country of Citizenship: **SPAIN**  
 Immigration status on I-94 card or passport: **APPROVED**

Payee Name (Last, First, MI): **RIVAS GUIJARRO, XAVIER** Payee ID:

Address: **PINEDA, 28** City: **CERDANYOLA DEL VALLES** State: **BARCELONA** Zip: **08290**

Official Station:

Destination: **Simons Center** Purpose of Travel: **Attendance to "Mathematical Billiards Conference"**

Date & Time of Departure: **11/11/2023 06:00** ☒ AM ☐ PM Date & Time of Return: **11/19/2023 11:55** ☐ AM ☒ PM

		Cost
Transportation Expenses	Common Carrier (airfare, train, bus):	BTA Used <input type="checkbox"/>
	Car Rental (justification required):	
	Fuel:	
	Personal Car Mileage (attach AC-160) : _____ miles x \$ _____ IRS rate	
	Parking:	
	Tolls:	
Taxi/Subway/Ferry:		
Lodging	State/RF _____ day(s) at \$ _____ per diem	
	State/RF _____ day(s) at \$ _____ per diem	
Meal Expenses	SBF Total Receipted Lodging:	
	State/RF Per Diem Meals: _____ breakfast(s) at \$ _____ per diem + _____ dinner(s) at \$ _____ per diem	
	State/RF Per Diem Meals: _____ breakfast(s) at \$ _____ per diem + _____ dinner(s) at \$ _____ per diem	
	State/RF One Day Meals: _____ breakfast(s) at \$5 + _____ dinners at \$12	
	SBF Total of Receipted Meals:	
Others	Registration/Conference Fees:	
	Miscellaneous (list and explain):	
RF Advance	Enter PO # _____ and amount of advance	
	*According to Campus Travel Policy all original supporting documentation must be attached. <div style="float: right;"> <b>Total</b> <span style="border: 1px solid black; padding: 2px 50px;"></span> </div>	

I hereby certify that that the above trip was taken for the purpose indicated; that the reference accounting is accurate: that no portion has been paid; except as stated on this form, and that the balance indicated is due or reimbursable in accordance with Campus Travel Policy

\_\_\_\_\_ Traveler Signature \_\_\_\_\_ Traveler Title \_\_\_\_\_ Date \_\_\_\_\_

I, the claimant's supervisor, certify that this account has been examined and, to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's official duties.

\_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Supervisor Title \_\_\_\_\_ Date \_\_\_\_\_

I certify that this claim is correct and just, and payment is approved using designated account.

\_\_\_\_\_ Authorized Signatory \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> State <input type="checkbox"/> RF <input checked="" type="checkbox"/> SBF	Account Number / Project Task Award	Object/Expenditure Code	Amount
243020			