

UCSC POST TRAVEL EXPENSE

Important: Form must be filled out in Adobe Reader 8 or above for form functionality

Reset Form

Print Form

Form Filled Out: 1/24/14

204 Submitted or on file. **Note:** If NOT on file, complete [Payee Setup 204](#) form

Access the [Post Travel Guide](#) for reimbursement validation

Traveler's Name: _____
Last Name, First Name, Middle Initial

Traveler's Email: _____

Phone: _____

Campus Mail Stop OR: _____

Street or PO Box: _____

City, State, Zip: _____

Destination(s): _____

UC Business Purpose: _____

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Trip Number: _____
(If Applicable)

Form Prepared By: Lea Hostetler Evans

E-mail: lea@ucsc.edu Ext: _____

Required: US Citizen - YES NO

Visitor Foreign Visa Type: Please Select ▼

UC Student

UC Employee UC Campus: UC Santa Cruz ▼

Note: If traveler chooses to include personal travel, record times/dates based only on the business portion of the trip. Provide explanation of personal travel.

(Enter numeric values only)

Office Use Only

Document #: _____

Vendor #: @ _____ Date Due: _____

Enter all payments made to or on behalf of the traveler **(Numeric values)**

Airfare	_____
RegFee	_____
Lodging	_____
Other	_____
Total	_____

Enter cash advances from UCSC **(Enter numeric values only)**

Cash advance _____

Description of Expense	Date:	Date:	Date:	Date:	Date:	Date:	Total Expense	Comments
Airfare *								to/fr: _____
Personal car mileage (1/1/2014)								to/fr: _____
Reimburse mileage - \$.56/mile								
Rental Car * (excludes insurance)								to/fr: _____
Other Transportation								
Parking/Tolls								
Conference Registration *								
Lodging (room + tax only) *								
Meals & Incidentals								Claim ACTUAL M&IE, up to \$71/day, for travel that includes an overnight stay or is over 24 hrs. Check with your business office for reimbursement restrictions including reimbursement of alcoholic beverages.
Foreign Per Diem/Domestic Long Term								
Misc. & Entertainment ** (Explain)								Total from Add'l Pages < Less Payments on behalf of Traveler > < Less Cash Advance > Due to Traveler or <Due to Regents>
TOTALS:								

* Must submit original itemized receipts regardless of amount
 ** Use additional forms for further expenses and explanations

Traveler's certification: I certify the above are actual expenses incurred by me while on official University business per the dates shown, and that the original receipts are attached for each expense of \$75.00 or more, per [UC policy \(G-28\)](#). I certify that I have complied with CA's auto liability insurance law while operating my personal auto on University business.

Traveler's Signature **(Required)** _____ Date _____

Senior Officer Authorizing Signature: *(if required)* _____ Date _____

Fund	Organization	Account	Activity	Amount
18082	403113	NACINT		

Tier 1: Authorized Funding Signature: _____ Date: _____

Tier 2: Funding Approval Signature: _____ Date: _____