

# FOREIGN TRAVEL REIMBURSEMENT WORKSHEET

Submit completed form along with all original receipts to your travel processor within 2 weeks of return date.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 that I have attached original receipts for each expense, as required by University policy.

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AUTHORIZING SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print name and title: