# TRAVEL EXPENSE VOUCHER

| (1) DATE | PAC ORDER NUMBER (2.) DEPT CODE | CLASS | SEQ NO |
|---|---|---|---|
| | | T | |

NOTE: IF TRAVEL ADVANCES AND/OR PREPAYMENTS WERE ISSUED FOR THIS TRIP, ENTER THE ORDER NUMBER FROM THE ORGINATING DOCUMENT

CITY OF RESIDENCE (3)

UNIVERSITY EMPLOYEE (4) ☐ YES ☐ NO

FUNDING FOR THIS TRIP PROVIDED BY NON UC SOURCE? (5) SOURCE: AMOUNT:

UC HOME CAMPUS IF NOT LOS ANGELES (6)

(7) TRAVELER AND CHECK DISTRIBUTION

Employee ID (required):

NON-UC EMPLOYEE HOME ADDRESS (8) IF DIFFERENT FROM BOX 7 (IF NON-RESIDENT ALIEN INDICATE PERMANENT ADDRESS AND TYPE OF VISA).

NON-UC EMPLOYEE: SOCIAL SECURITY (9) OR TAX IDENTIFICATION NUMBER. IF ALIEN, ATTACH STMT. OF CITIZENSHIP FORM

(10) TAX CODE

(11) PURPOSE OF TRIP

COMPLETE THIS SECTION WHEN PRIVATE CAR IS USED — LICENSE NO. (12)

DOES CAR USED HAVE LIABILITY INSURANCE (13) ☐ YES ☐ NO

PASSENGERS WHO ARE (14) UNIVERSITY EMPLOYEES MUST BE LISTED IN THE REMARKS SECTION (42)

(15) VOUCHER PREPARED BY TELEPHONE

## PRIOR REIMBURSEMENTS AND PREPAID EXPENSES

1. AIRFARE: INVOICE# _____ AMOUNT: _____
2. REGISTRATION FEES: INVOICE# _____ _____
3. OTHER (PLEASE SPECIFY) _____ _____
4. OTHER (PLEASE SPECIFY) _____ _____

*Travel Advances must be listed in Box 43 & 45.

**TOTAL PREPAID EXPENSES** (17) $0.00

| (18) MONTH/ YEAR (19) TIME OF DEPARTURE AND RETURN | (21) SUBSISTENCE (20) DAY | (22) QTR DAYS FOREIGN ONLY | (23) LOCATION WHERE EXPENSES INCURRED | (24) DAILY MEAL | (25) COST OF LODGING | (26) TRANSPORTATION (27) BETWEEN WHAT POINTS? IF ROUND TRIP, USE "RT" | (28) PRIVATE CAR MILEAGE | (29) COST OF TRANSPORTATION | (30) TYPE USED | (31) PARKING, TOLLS, TAXI, BAGGAGE, ETC. | (32) MISC. REGISTRATION FEE, FOREIGN, TRAVEL, BUSINESS, OTHER EXPENSES (33) TYPE | (34) AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| QUARTER DAYS ON TRAVEL STATUS (FOREIGN ONLY) ▶ | | (35) 0 / 4 | (36) CURRENT PER DIEM 0.00 X $0.00 = (37a) TOTAL PER DIEM $0.00 OR | (37b) 0.00 | (38) 0.00 | | | (39) 0.00 | | (40) 0.00 | | (41) 0.00 |

(42) REMARKS

**TRAVEL ADVANCES (43) TA NUMBER & AMOUNT**

TOTAL REIMBURSABLE EXPENSES (44) $0.00

**LESS TOTAL ADVANCES** (45)

BALANCE DUE (46) $0.00

(47) AUTHORIZING SIGNATURE FOR PAYMENT DATE

(48) THE ABOVE IS A TRUE STATEMENT OF TRAVEL EXPENSES INCURRED BY ME ON OFFICIAL UNIVERSITY BUSINESS ON THE DATES SHOWN

SIGNATURE DATE

☐ REGENTS* (45 GREATER THAN 44) ☐ TRAVELER (44 GREATER THAN 45)

* ATTACH REFUND CHECK PAYABLE TO THE REGENTS OF U.C.

(49) TOTAL COST OF TRIP (17&44) $0.00

(50) DEPARTMENT NAME & BUDGET

| | ACCOUNT | CC | FUND | PROJECT | SUB | OBJECT | SOURCE | REFERENCE | AMOUNT |
|---|---|---|---|---|---|---|---|---|---|
| (51) | (52) | (53) | (54) | (55) | (56) | (57) | (58) | (59) | (60) MUST EQUAL (44) |