

**POST TRAVEL EXPENSE**

Traveler's Name: \_\_\_\_\_  
 Traveler's Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

<b>For Office Use Only</b>	<b>AP Review:</b>	<b>YES</b>	<b>NO</b>
Trip Number: _____	Date: _____		
Document # _____			
Date Due: _____			
Prepared by: _____			
Vendor#@ _____			

Destination(s) \_\_\_\_\_  
 Purpose of Travel \_\_\_\_\_  
 Departure Date: \_\_\_\_\_  
 Return Date: \_\_\_\_\_

Traveler's Status  
 U.S. Citizen: Yes No  
 Foreign: Visa Type \_\_\_\_\_  
 UC Student Campus  
 UC Employee Campus

**Payments Made To/Or On Behalf Of Traveler**  
*Enter all payments made on behalf of the traveler.*

Airfare	_____
Reg Fee	_____
Lodging	_____
Total	_____

Cash \_\_\_\_\_ *Enter cash advances from UCSC*

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

**NOTE: Only Enter Numerical Values**

Description of Expense	Date	TOTAL	COMMENTS						
								EXPENSE	
Airfare *									TO/FR: _____
PC Mileage 56.5 per mile (1/1/13)									TO/FR: _____
Rental Car * (excludes insurance)									TO/FR: _____
Other Transportation									TO/FR: _____
Parking/Tolls									
Conference Registration*									
Lodging * (Room & Tax Only)									
Meals & Incidentals									Claim ACTUAL costs for meals/incidentals, up to \$71. per day starting 3/1/12 (\$64. per day before 3/1/12).
Foreign Per Diem									
Long Term									
Miscellaneous (explain)									
**Totals from additional pages									Less Payments on behalf of Traveler    Less Cash Advance    Due to Traveler or <Due to Regents>
<b>TOTALS:</b>									

\* Must submit original receipts. \*\* Use additional forms for further expenses and explanations

Traveler's certification: I certify that the above is a true statement, that the expenses claimed were incurred by me while on official University business on the dates shown, and that I have attached original receipts for each expense of \$75.00 or more, as required by University policy. I certify that I have complied with California's auto liability insurance law while operating my personal automobile on University business.

\_\_\_\_\_  
**Traveler's Signature - Required**  
*Sign and Date*

\_\_\_\_\_  
 PI or Other Authorizing Signature  
*Please Provide Funding Source, Sign and Date*

Fund	Org	Account	Activity	Amount

\_\_\_\_\_  
 Authorized Funding Signature and Date

Revised: 1/1/32