

POST TRAVEL EXPENSE

Traveler's Name: _____
Traveler's Email: _____
Address: _____

Phone: _____

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

Destination(s) _____ **Traveler's Status**
Purpose of Travel _____ U.S. Citizen: Yes No
 _____ Foreign: Visa Type
Departure Date: _____ UC Student Campus
Return Date: _____ UC Employee Campus

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

Airfare	_____
RegFee	_____
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	Date	Date	Date	Date	Date	Date	TOTAL	COMMENTS
								EXPENSE	
Airfare *									TO/FR: _____
PC Mileage .56 per mile (1/1/14)									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
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>
TOTALS:									

*** 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

Amount to charge FOAPAL				
Fund	Org	Account	Activity	Amount

 Authorized Funding Signature and Date