

Supervisor's
Approval
Signature:

iTravel #: _____

(Office Use Only)

TRAVEL EXPENSE WORKSHEET

(Travel Voucher cannot be prepared without the following information)

PLEASE PRINT LEGIBLY

UCR EMPLOYEES: *Complete ALL shaded areas*

Name: _____ Department: _____ Campus (if other than UCR): _____
(Last) (First) (MI)

UC Employee? (Yes) (No) U.S. Citizen? (Yes) (No) If "No", Citizen of What Country? _____ Visa Type: _____

Complete Home Address (if NOT a UCR Employee): _____

Business Address (if NOT a UCR Employee): _____

Note: All NON UCR Employees Must Complete a W-9 form. Phone Number: _____ Email Address: _____

Campus Ext. (UCR employees): _____ Personal Vehicle License No. _____ Insurance? (req'd) Yes No
(Insurance documentation is required when claiming mileage OR parking fees)

CHARGE TO: ACTIVITY: _____ FUND: _____ FUNCTION: _____ COST CENTER: _____ PROJECT CODE: _____

Specific Purpose of Travel ("Research" or "Meeting" not sufficient): _____

ORIGINAL RECEIPTS MUST ACCOMPANY ALL EXPENSES CLAIMED

There is a 21 day submission deadline for all travel expenses, please give an explanation if you submit after deadline.

Explanation or miscellaneous information: _____

Are any of these expenses being shared with another traveler? (Y) _____ (N) _____ If yes, whom? Which one(s)? _____

Will all or part of these expenses be covered by another source? (Y) _____ (N) _____ If so, what and how much? _____ Whom? _____

If you charged your airline ticket to the University, you are still required to include the Passenger Coupon (final copy of ticket) with your Expense Worksheet.

ADVANCES (paid by Dept): Airline Ticket: _____ Registration Fee: _____ Cash Advance: _____ Other: _____

RECORD TRAVEL DETAILS ON REVERSE SIDE

(Avoid using felt tip pens or markers)

Report daily expenses on a separate line.

Your reimbursement for meals and incidentals must be based on **actual expenses**, with a cap of **\$64.00** per day **with overnight stay**. **Without overnight stay**, meal MAX: **\$42.00**. **NOTE: Meals are not reimbursed if travel is wholly between the hours of 7:00 am & 7:00 pm.** You must leave **BEFORE 7:00 am** OR return **AFTER 7:00 pm** to be eligible, AND duration of trip must be **12 hours or more**.

Show actual day of departure and return, including personal time or other days you are not claiming.

Time Left & Time Returned (Required)	Date	Departure/Return Location (City & State / Country) *****	Meals Daily Cost	Hotel/Lodging Daily Cost	Type & Cost of Transportation AIRLINE TICKET - RENTAL CAR UC VEHICLE – PERSONAL VEHICLE (Show personal car mileage below) Personal vehicle mileage rate @ \$0.505 / mile. Original receipts required for airfare, car rental, and all amounts \$75 or greater.	Parking Fees, Gas, Taxi, Tolls, Shuttle, etc. (Please define)	Registration Fees Miscellaneous & Incidentals: Phone, Internet Use, Airport Tax, Shipping Costs, Supplies (Please define)	(You are not required to compute daily costs) Total Expenses
		Travel Location (City & State / Country)	List <u>ACTUAL</u> <u>AMOUNTS</u>	Original Itemized Receipt is required	Start Miles / End Miles / Total			