THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE
P.O. BOX 320160. SAN FRANCISCO,   CA 94132-0160
TRAVEL CLAIM & EXPENSE REPORT
SETTLEMENT OF TRAVEL ADVANCES

DC#

Date:

CHARTFIELD: ACCOUNT   -   FUND   -   DEPT ID   -   PROJECT (Grants/Contracts only)

_ _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _

FUND #	MAKE CHECK PAYABLE TO:
PROJECT CONTACT	TRAVELER'S NAME: (Last, First, MI)
	ADDRESS:
PROJECT PHONE #	CITY STATE ZIP CODE
CHECK DISTRIBUTION:	Legal resident of the United States?
☐ Mail to payee's address	☐ Yes
☐ Hold/Call for pickup	☐ No Immigration Status: Passport #:
☐ ph #	

LOCATION AND PURPOSE OF TRIP:

Please note : a copy of the traveler's authorization of Travel must be attached to the claim.

	Date mm/dd/yyyy	Time hh:mm	Lodging	PerDiem (every 24 hr period)	Train, Airfare, Bus, etc	Taxi, Shuttle, Parking	Private Auto		Reg. Fees & Other Bus. Expense	Total
							Miles	Amount		
Day 1										
Day 2										
Day 3										
Day 4										
Day 5										
Day 6										
Day 7										
Day 8										
Day 9										
Day 10										
Totals										

* Attach itemized list, receipts and explanation

Note: Original receipt(s) required for all items $25, or greater.

Grand Total	
Less Advance/ DC #	
Balance Due to Traveler: OR	
Balance Due to UCorp:	

I hereby certify that the above is true statement of the travel expenses incurred in accordance with applicable UCorp policy, All items shown here are for legitimate business purposes and are properly reimbursable from the project charged. Furthermore, I have not received payment nor will seek duplicate reimbursement for the above travel expense from SFSU or any other sources.

AUTHORIZED SIGNATURE   DATE   CLAIMANT'S SIGNATURE   DATE

ACCOUNTING USE ONLY

Vendor: _____	Acct: _____	Inv Nbr: _____
Inv Date: _____	Inv Amt: _____	Rept Amt: _____
Dup Inv: _____	Spec Msg: _____	

Date Received By UCorp	Approved For Allowability By:_____ Date:_____	Date Received BY A/P Dept	A/Processing By:_____ Date:_____ Voucher #_____