

TRAVEL EXPENSE WORKSHEET

Your signature: _____ PI Approval Signature: _____

Your name: _____ Department: _____ Your campus phone # _____

If not a UCR employee, HOME address for sending check: _____

If you are not a U.S. Citizen, Visa type: _____

IF CLAIMING MILEAGE:

Your License plate number: _____ Start odometer: _____ End odometer: _____

PURPOSE OF TRAVEL/Spell out name of conference: _____

If you shared lodging, with whom? _____

Did you receive an airfare advance? _____ Cash advance? _____ Registration fee? _____ Other? _____

Fund to be charged: _____

ORIGINAL RECEIPTS MUST ACCOMPANY ALL EXPENSES CLAIMED (EXCEPT MEALS).

IF YOU HAVE LOST A RECEIPT, PLEASE COMPLETE A "MISSING EVIDENCE" FORM LOCATED IN THE OFFICE.

<u>TIME &</u> Date of departure and return	City & state where expenses were incurred	<u>ACTUAL</u> amount spent on meals: \$71 limit for domestic travel, \$42 partial day (no claims for trips < 24 hrs)	Lodging: Hotel/motel - <u>room+ tax</u> only	Airline- Rental cars Train-bus-subway PERSONAL MILEAGE: _____ miles (55.5¢ per mile)		Parking, taxis, tolls, shuttle, train, bus, etc.		Conf.Registration, phone tolls, internet access fee, and misc.	
				<u>Type</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>

For office use only - FAU charged: _____ Analyst approval signature: _____