Date: _____ *Trip Number:* _____
(Web Vouchers, Department use only)

Travel Voucher Worksheet

Name: _____ **Project(s) to charge:** _____

Contact number: _____ E-mail address: _____

Department.: _____ Check mailing address: _____

If available, do you want direct deposit: (☐) Yes (☐) No

City of Residence: _____ U.S. Citizen?: ☐ Yes ☐ No

Destination: _____

If not a U.S. Citizen attach a copy of your VISA/Passport (non-UC employees only) and a certification of Academic Activity Form (http://www.ucop.edu/ucophome/cao/paycoord/coaa.pdf)

UC Employee? ☐ Yes ☐ No If yes, UC ID: _____

Home campus _____ If no, SS#: _____

UC Student/Postdoc? ☐ Yes ☐ No

Purpose of trip: _____

If traveling **out-of-state or foreign**, registration of travel at www.uctravel.org is required. Did you register? ☐ Yes ☐ No

Itinerary

Exact date & time of departure from home:	@	☐ AM ☐ PM	Exact date & time of arrival at destination:	@	☐ AM ☐ PM	Destination City: _____
Exact date & time of departure for home:	@	☐ AM ☐ PM	Exact date & time of arrival at home:	@	☐ AM ☐ PM	_____

If your itinerary is more complex, e.g. spent time at several sites, please use the back of this sheet to write it out in the same format as above or attach a separate sheet.

Any personal time taken on this trip? ☐ YES ☐ NO If yes, dates/times: _____

Expenses:

	Options	Yes/No	Amount to reimburse	Notes
Food:	Actual amount spent: Please use back of sheet.		$	**Reimbursed at actual**, per policy, up to maximum of $64 per 24 hours (domestic rate). See on-line at: http://aoprals.state.gov/Web920/location.asp?menu_id=95
Travel via:	Airfare (Receipt is required*)		$	Paid by ICESS or Traveler ? (Circle one) **(Receipt is required even if paid directly by ICESS)***
	Private car use Reimbursed at $0.585/mile (Subject to change. Will reimburse at corresponding rate.)		Total miles driven: _____ Do you have liability insurance? ☐ YES ☐ NO	**License plate #:** **REQUIRED** if claiming mileage or gas (on personal vehicle only). Can only claim one, gas or mileage. _____
	Other Vehicle: (☐) (☐) Rental Car		$	Gas: $ Parking: $
	Train/Bus (Receipt required)		$	Tolls: $ Porterage: $
	Taxi or Ferry (boat) (Circle the appropriate one)		$	If not all receipts available, # of trips
Lodging:	Hotel** (Itemized receipt is required)		$	Did you share a room? (☐)Yes (☐)No With whom? _____

****FOR HOTEL: CREDIT CARD CARBON COPIES OR STATEMENTS ARE NOT ADEQUATE. IF ITEMIZED RECEIPT IS NOT AVAILABLE, PLEASE CONTACT THE HOTEL AND REQUEST A FAX COPY BE SENT TO ICESS (x2578).** REIMBURSEMENT CANNOT OCCUR UNTIL COPY IS OBTAINED. Thank you.

Miscellaneous:	Registration (Receipt is required)		$	Abstract Fee: $
	Supplies (Receipts required)		$	Phone/Fax: $
	Other (Please explain).		$	Excess Baggage: $

Are you being reimbursed from any other source? ☐ Yes ☐ No If so, what source: _____

What are they reimbursing you for and how much? _____

Did Campus advance you money for expense or pay airfare, registration directly for you? ☐ YES ☐ NO

Amount requested as reimbursement: **$** _____
(if paying back money, indicate with a minus or leave blank)

Amount to pay UCSB Corporate card: **$** _____
(Amount you want Campus to pay directly to your UCSB Corporate card.)

TRAVELER'S SIGNATURE: _____

I CERTIFY THAT THE ABOVE IS A TRUE STATEMENT, THAT THE EXPENSES CLAIMED WERE INCURRED BY ME ON OFFICIAL UNIVERSITY BUSINESS ON THE DATES SHOWN, AND THAT I HAVE ATTACHED ORIGINAL RECEIPTS FOR EACH EXPENSE OF $75 OR MORE, AS REQUIRED BY UNIVERSITY POLICY.

APPROVAL SIGNATURE: _____ **Traveler cannot sign as approval**
(Not same as Traveler) Name & Title:

REIMBURSEMENT WILL NOT OCCUR UNTIL REQUIRED RECEIPTS ARE SUBMITTED.