

**Department of Physics
Travel Reimbursement Worksheet**

INSTRUCTIONS FOR COMPLETING THIS FORM

- **All fields must be completed unless not applicable. PLEASE BLOCK OUT ALL CREDIT CARD #S.**
- **Receipts required:** Airfare receipt or itinerary showing payment was made and price, detailed lodging receipt, registration, car rental, all other single receipts of \$75 or more, and host gift of \$25 or more. If you are missing any of the required receipts, you must complete the "Declaration Of Lost Evidence That Payment Was Made".
- **Claiming expenses for others:** Each traveler should pay for their own expenses. If you are claiming expenses belonging to another person, indicate their full name and the expenses belonging to him/her.
- **Lodging expenses to be invoiced to the Physics Department:** All travelers should pay for their own expenses. If the hotel or University providing the service must invoice the Physics Department, please note the amount to be billed and the vendor doing the billing.
- **All information is required unless "optional" or not applicable.** Reimbursement will be delayed if form is incomplete.

UC Davis Employee Name: _____

(To be completed by visitors/ non UC Davis employees only)

Visitor Name: _____
 Mailing Address: _____ City, State _____ Zip: _____
 Telephone #: _____ Fax #(optional): _____ Email: _____

Trip Information:

Account to be charged: _____
 Travel Advances Received (expenses or money paid to you prior to trip): _____
 Purpose of Trip: _____
 Departure Date and Time: _____ From (City, State): _____
 Destination (City, State, Foreign Country): _____
 Return Date and Time: _____ Foreign Currency (specify type): _____

Itemized Expenses: If you are requesting payment to your corp. visa, please check Corp Visa box.

Airfare: _____ CTS? UCD Corporate VISA?
 Private Car License Number (if claiming mileage): _____
 From: _____ To: _____ Was this a round trip? Yes No
 Number of Round Trips (if applicable): _____
 Grand total miles traveled: _____ (car license number required above if claiming mileage)
 Taxi Fares: _____ Check box if charged to UCD Corporate VISA
 Bus Fares: _____ Corp VISA
 Rail Fares: _____ Corp VISA
 Rental Car: _____ Corp VISA
 Toll Bridges: _____ Corp VISA
 Lodging: _____ Corp VISA
 Registration Fees: _____ Corp VISA
 Parking: _____ Corp VISA
 Meals (see reverse for trips >24 hours & less than 30 days): _____ Corp VISA
 Other/Comment: _____ Corp VISA

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.

TRAVELER SIGNATURE _____

DATE _____

Name: _____

Reimbursement for Meals & Incidental Expenses

PLEASE INDICATE ACTUAL TOTAL AMOUNT SPENT

A) CONUS

Report actual amount spent, but not to exceed the maximum allowed below.

- \$0 12 hours or less: Meals not reimbursable.
- \$42 > 12 hours but 24 hours or less
- \$64 > 24 hours but < 30 days
- 55%(Per Diem) 30 days or more for travel in one location (this total is the total daily maximum amount (lodging + meals + incidentals) you can claim.

B) OCONUS (Travel within Alaska, Hawaii, Puerto Rico, the Northern Mariana Islands, and territories and possessions of the United States.)

- \$0 12 hours or less: Meals not reimbursable.
- \$33 > 12 hours but 24 hours or less
- Per Diem > 24 hours but < 30 days
- 55%(Per Diem) 30 days or more for travel in one location (this total is the total daily maximum amount (lodging + meals + incidentals) you can claim.

B) Foreign Travel

- < 30 days in one location – Report actual expenses but not to exceed the applicable federal per diem rate.
- > 30 days in one location – Report actual expenses. *Reimbursement will not exceed 55% of total applicable federal per diem (lodging + meals & incidentals).*

day 1	day 2	day 3	day 4	day 5	day 6	day 7
day 8	day 9	day 10	day 11	day 12	day 13	day 14
day 15	day 16	day 17	day 18	day 19	day 20	day 21
day 22	day 23	day 24	day 25	day 26	day 27	day 28
day 29	day 30					

Meals and incidental expenses total being claimed by traveler: \$ _____

Failure to provide daily totals will result in the return of your travel reimbursement request.

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TRAVELER SIGNATURE

DATE