

Form and receipts must be submitted within 45 days of expenditure

Date:

Preparer: Dept.: If we have questions, who should we contact? Payee: Preparer: Other:

Preferred Contact Info. (if not Payee): Name: Email: Phone:

PAYEE	Name:	UC Employee:	Student:	Vendor:	Other:	Emp/Stu/Vend.ID:	Org.Node:
	Email:	Phone:	Address:				
	US Citizen/Permanent Resident?	Yes	No	If no, you will be contacted by BRS for more info . e.g. Passport, I-94,UC-W8-BEN,COAA			

TRIP	Business Purpose: State date(s), location(s) and reason(s):
	Details for any Personal Time, Entertainment or Special Circumstances: Enter date(s), location(s). For entertainment, also include business purpose, guest names & their affiliation. Enter meal costs in M&IE section blw.

TRANSPORTATION & MISC. EXPENSES	Air Fare: Seeking Reimbursement? No Direct Bill? Yes (If Direct Bill attach Connexus Itinerary) Yes Attach Itinerary & Proof of Payment Airfare Amount:																																				
	Personal Car: Standard Mileage Rate is 58 cents for travel on or after January 1, 2019																																				
	<table border="1"> <thead> <tr> <th>Date</th> <th>Drove From Address</th> <th>Drove To Address</th> <th>Rate</th> <th>Miles</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="5">Total Mileage Amount:</td> <td> </td> </tr> </tbody> </table>	Date	Drove From Address	Drove To Address	Rate	Miles	Amount																									Total Mileage Amount:					
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	Rental Car: Economy/Compact/Intermediate Other Size Reason for "Other Size" Car: Car Rental Amount:																																				
Transportation & Other Misc. Expenses:																																					
Gas Parking Taxi Shuttle Baggage Phone Tips Other Toll BART/Rail Taxi Shuttle Other Internet Tips Other (non meal)																																					
Conference/Registration Fee: Seeking Reimbursement? No Yes Conference/Registration Fee Amount: Paid on Blue Card? No Yes *(If paid on bluCard, do not enter amount)																																					
Optional Notes/Comments:																																					
TOTAL TRANSPORTATION & MISC. EXPENSES:																																					

LODGING, M&IE EXPENSES	Lodging, Meals & Incidental (M&IE): Travelers should only claim Actual Expenses up to Federal Per Diem Rate for the locality of travel. If additional space is needed, either attach another "daily expense" section or your own detailed spreadsheet of expenses.																																																																								
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T	Travel Advance? Yes Travel Advance Amt: Enter (-) amt: ESTIMATED REIMBURSEMENT:
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COA	<table border="1"> <thead> <tr> <th>Account</th> <th>Fund</th> <th>Dept</th> <th>Program</th> <th>CF 1</th> <th>CF 2</th> <th>\$ Amount</th> <th>Optional: Chartstring Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Account	Fund	Dept	Program	CF 1	CF 2	\$ Amount	Optional: Chartstring Description																									Accounting Approval (Dept Specific)
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CERTIFICATION	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 as required by University policy.
	Traveler Name and Title:
	Traveler Signature: _____ Date:
	Authorizing Name and Title: _____ Authorizing Signature: _____ Date: