

**DOMESTIC TRAVEL
REIMBURSEMENT WORKSHEET**

Submit completed form along with all original receipts to your travel processor

Name: _____ Date: _____
SS#/Employee ID#: _____ UC Employee: Yes No
Address: _____ U.S. Citizen: Yes No

City of Residence: _____
Phone: _____ Vendor ID (if known): _____
E-mail Address: _____ Home Campus: _____

Account to be charged: _____

Purpose of Travel: _____

Destination: _____

Initial Departure Date: _____ Return Date: _____

Initial Departure Time: _____ Return Time: _____

Did you obtain a Travel Advance for this trip? No _____ Yes _____ Amount: \$ _____

Was there any personal time during this trip? No Yes From: _____ To: _____

MEALS AND INCIDENTAL EXPENSES (LIST ACTUAL EXPENSES ON PAGE 2)

Actual amount spent on meals listed on daily log. You may claim up to \$71 per day.

There is no per diem for Domestic (See page 2 for daily log.)

LODGING

Did you share a room? Yes _____ No _____ If so, with whom? _____

Number of nights: _____ Rate: \$ _____ Tax: \$ _____ Other: \$ _____

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TRANSPORTATION

Airfare: \$ _____ RT Paid for by: Credit Card _____ Charged to Department _____

Private Car Mileage: _____ License Plate #: _____ Check here to confirm your liability insurance

Rental Vehicle: \$ _____ Rental Vehicle Gasoline: \$ _____ UC Vehicle: Yes No

Taxi/Bus: \$ _____ Train: \$ _____ Other: \$ _____

MISCELLANEOUS

Registration: \$ _____ Tele/Fax/Internet: \$ _____ Parking: \$ _____ Other (explain):
\$ _____

Comments: _____

SIGNATURES

<p><small>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.</small></p> <p>_____</p> <p>AUTHORIZING SIGNATURE DATE</p>	<p>AUTHORIZING SIGNATURE DATE_</p> <p>_____</p> <p>Print name and title</p>
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MEALS AND INCIDENTALS

Please indicate by date the actual amounts spent for Breakfast, Lunch, Dinner, and any Incidentals. Please keep in mind that the allowed Maximum is \$71.00 for each 24-hour period (domestic rate). Foreign rate will vary depending on city and country.

ACTUAL EXPENDITURES AS REQUIRED BY [G-28 Travel Regulations](#):

- *Subsistence Expenses (starts page 25)*
- *Reporting Travel Expenses (starts page 41)*

Date	Breakfast	Lunch	Dinner	Incidentals	Daily Total

Additional Documentation Needed For Non-U.S. Citizen Travel Reimbursements

1. Completed Declaration of Immigration Status Worksheet (attached)
2. Photocopy of Green card or Work Visa if in the US, or Passport if outside the US

Declaration of Immigration Status by Non-U.S. Citizens

Submit with Travel Voucher Documentation

Traveler Instructions

To comply with the U.S. immigration laws, UCSB requires the following Traveler information (i.e., Items A-E below) to be provided by all Non-U.S. Citizen Travelers (Travelers) prior to receiving travel reimbursements or benefits (e.g., when UCSB directly pays travel related hotel or airline expenses on your behalf) from UCSB. Please complete the below information and return to the UCSB representative who requested this information.

A. Indicate your current U.S. Immigration Status (or your expected U.S. Immigration Status if you haven't yet entered the U.S.) Note: Canadian Residents entering the U.S. without U.S. Immigration Documentation have an "Implied B-1" Immigration Status."

Travelers Ineligible for Travel Reimbursements or Benefits: In accordance with U.S. Immigration Law, Travelers with the following types of U.S. Immigration Status may not receive any form of payment from U.S. Sources, including travel reimbursements, during their stay in the U.S.

No U.S. Immigration Status obtained F-2 H-4 O-3 P-4

B. Indicate the type of immigration documentation you have to support your current or expected U.S. Immigration Status and attach a copy of that documentation to this form:

- Green Card
 I-94 Form
 Proof of Canadian Residency – only for Canadians with "Implied B-1" status in Item A above
 Other: Describe

C. Indicate your "primary" relationship to the University in connection with this travel: (Check one)

- Employee
 Independent Contractor (e.g., non-employee guest speaker or lecturer, honoraria recipient)
 Non - Employee (e.g., student, fellow or researcher): Describe relationship below

D. If you checked Non-Employee in Item C above, please indicate the "primary" purpose of your travel: (Check one)

- Travel "primarily" supported my individual educational or research goals; or
 Travel "primarily" benefited the University: Describe benefit to University:

E. Complete this item only if you have (or expect to have) a B-2 or WT immigration status: (Check one choice for both Items 1 and 2 and list dates in Item 1)

1. The period of my academic activity at UCSB [will or won't] be 9 days or less

List dates - From: To:

2. I [have or have not] been reimbursed for reasonable travel and incidental expenses incurred in connection with a usual academic activity from more than 5 educational institutions in the previous six-month period.

TRAVELER'S SIGNATURE _____ DATE _____

TRAVELER'S PRINTED NAME _____

STATE PRIVACY NOTICE

The state of California Information Practices Act of 1977 (effective July 1, 1978) requires the university to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is to determine that you are eligible to receive payments or benefits from the University (e.g., travel reimbursements). Such eligibility is dependent on proof of lawful presence in the United States in accordance with U.S. immigration laws.

Furnishing all (or specifically designated) information requested on this form is mandatory. Failure to provide such information will prevent you from receiving travel reimbursements or benefits from the University.

Information furnished on this form may be used by U.S. Citizenship and Immigration Services and will be transmitted to other State or Federal governments as required by law.

Individuals have the right to review their own records upon request.



ACCOUNTING SERVICES & CONTROLS

SANTA BARBARA, CALIFORNIA 93106-2040

DECLARATION OF MISSING EVIDENCE THAT A PAYMENT WAS MADE ON BEHALF OF THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

Submit this form, completed by the traveler along with the Travel Expense Vouchers form, when original required receipt(s) have been lost or misplaced by the traveler. Fax copies or photocopies of lost or unavailable receipts must accompany this form. This form is in no way intended as a replacement for no receipt documentation or to serve as evidence of incurred expenses.

Please have traveler complete one form per receipt. Attach form(s) to Travel Expense Voucher. Copy this form as needed.

_____ declare that:
(Traveler's Name - Please Print)

1. Circle applicable option:

- a. I disbursed personal monies on behalf of the Regents of the University of California as needed:
b. University funds were disbursed on my behalf by the Regents of the University of California as follows:

Date: _____ Amount: _____

Description: _____

2. The original receipt is not available to submit with the Travel Expense Voucher claim. The reason is as follows:

3. Circle applicable option:

- a. I request I be reimbursed for this disbursement of my personal funds.
b. I request my Travel Expense Voucher be processed for those expenses paid directly by the University and for which I am unable to produce the necessary documentation to support such expenditures.

Signature: _____ Date: _____