

# POST TRAVEL EXPENSE

<b>Office Use Only</b>	AP Review:	Yes <input type="radio"/>	No <input type="radio"/>
Document #:			
Date Due:			
Vendor#: @			

Traveler's Name: \_\_\_\_\_  
 Traveler's Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Trip Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_ Email: \_\_\_\_\_ Ext: \_\_\_\_\_

Destination(s): \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_  
 Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

<b>Traveler's Status</b>	
US Citizen: Yes: _____ No: _____	
Foreign Visa Type: _____	
UC Student Campus: _____	
UC Employee Campus: _____	

<b>Payments Made To/Or On Behalf Of Traveler</b>	
Airfare	_____
Reg Fee	_____
Lodging	_____
Other (explain)	_____
<b>Total</b>	_____
Cash Advance	_____

Record times/dates of business portions of travel. Provide explanation if trip included personal travel.

Refer to Travel Guides for reimbursement validation - [http://financial.ucsc.edu/Pages/Travel\\_Main.aspx](http://financial.ucsc.edu/Pages/Travel_Main.aspx)

Description of Expense	Date	Date	Date	Date	Date	Date	Date	TOTAL	COMMENTS
								EXPENSE	
Airfare *									to/fr:
Personal car mileage									(Round to the nearest mile for auto calculations)
Reimburse - 55¢ a mile Effective - Jan 1, 2009									to/fr:
Personal car mileage									(Round to the nearest mile for auto calculations)
Reimburse - 58.5¢ a mile Effective - July 1, 2008									to/fr:
Rental Car * (exclude ins.)									to/fr:
Other Transportation									to/fr:
Parking/Tolls									
Conference Registration*									
Lodging * (rm+tax only)									
Meals / Incidentals (M&IE)									Claim ACTUAL M&IE (no alcohol), up to \$64/day, for travel that includes an overnight stay or is over 24 hrs.
Long Term									
Foreign Per Diem									
Miscellaneous (explain)									
**Totals from add'tnl forms									Less Payments on behalf of Traveler
<b>TOTALS:</b>									Less Cash Advance
									Due to Traveler or <Due to Regents>

\* Must submit original receipts. \*\* Use additional forms for travel over 7 days. Carry forward expense totals on this line.

Traveler's certification: I certify that the above is a true statement, that the actual expenses claimed were incurred by me while on official University business on the dates shown, and that I have attached original receipts for each expense of \$75.00 or more, as required by University policy. I certify that I have complied with California's auto liability insurance law while operating my personal auto on University business.

\_\_\_\_\_  
**Traveler's Signature (Required)**  
 Sign and Date

\_\_\_\_\_  
 Other Authorizing Signatures  
 Sign and Date

Amount to charge FOAPAL				
Fund	Org	Account	Activity	Amount

\_\_\_\_\_  
 Authorized Funding Signature and Date

Revised 1/5/2009

Submit completed form and original supporting documentation to the Departmental or Divisional Office

**Return form to: CfAO, UC Santa Cruz, 1156 High Street, Santa Cruz, CA 95064**