

**POST TRAVEL EXPENSE**

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

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

**Traveler's Status**  
 U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Foreign: Visa Type \_\_\_\_\_  
 UC Student Campus \_\_\_\_\_  
 UC Employee Campus \_\_\_\_\_

<b>FAST Office Use Only</b>	<b>AP Review:</b>	<b>YES</b>	<b>NO</b>
Trip Number: _____	Date: _____		
Document # _____			
Date Due: _____			
Prepared by: _____	Email: _____	Ext: _____	
Vendor#@ _____			

	<b>Payments Made To/Or On Behalf Of Traveler</b>	
<b>Airfare</b>		
<b>RegFee</b>		
<b>Lodging</b>		
<b>Total</b>		

If travel includes personal travel, record times/dates based only on the business portion of the trip. Provide explanation of personal travel.

Note: Only Enter Numerical Values

Cash \_\_\_\_\_ Enter cash advances from UCSC

Description of Expense	Date							TOTAL	COMMENTS
								EXPENSE	
Airfare *									to/fr: _____
Std. Rateto/from Airport									Specify Airport: _____
Personal car mileage driven									
PC Mileage Reimburse Amt. (.485 per mile (Jan 1, 2007))									to/fr: _____
Rental Car * (excludes insurance)									to/fr: _____
Other Transportation									to/fr: _____
Parking/Tolls									
Conference Registration*									
Lodging * (rm+tax only)									
Meals & Incidentals									Claim ACTUAL costs for meals/incidentals, up to \$64/day
Foreign Per Diem									
Long Term									
Miscellaneous (explain)									
**Totals from additional pages									Less Payments on behalf of Traveler _____ Less Cash Advance _____ Due to Traveler or <Due to Regents> _____
<b>TOTALS:</b>									

\* Must submit original receipts. \*\* Use additional forms for further expenses and explanations

Traveler's certification: I certify that the above is a true statement, that the 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 automobile 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