

POST TRAVEL EXPENSE

Traveler's Name: Karen Peña
Traveler's Email: kjpena@ucolick.org
Address: Center for Adaptive Optics, UC Santa Cruz
 1156 High Street, Santa Cruz, CA 95064
Phone: 831-459-5711

Destination(s): Lake Arrowhead, CA
Purpose of Travel: 2009 CfAO Fall Retreat
Departure Date: 11/5/09 **Time:** 6:00 AM
Return Date: 11/8/09 **Time:** 6:00 PM

Office Use Only	
Document #:	
Date Due:	
Vendor#: @	

Trip Number: _____ **Date:** _____
Prepared by: _____ **Email:** _____ **Ext:** _____

Traveler's Status	
US Citizen:	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
Foreign Visa Type:	_____
UC Student Campus:	_____
UC Employee Campus:	<input checked="" type="checkbox"/>

Payments Made To/Or On Behalf Of Traveler	
Airfare	_____
Reg Fee	_____
Lodging	_____
Other (explain)	_____
Total	_____
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

Description of Expense	Date	Date	Date	Date	Date	Date	Date	TOTAL	COMMENTS
	11/5/09	11/6/09	11/7/09	11/8/09				EXPENSE	
Airfare *	204.20							204.20	to/fr: From SJC to ONT and Return (receipt required)
Personal car mileage	39			39				78	(Round to the nearest mile for auto calculations)
Reimburse - 55¢ a mile Effective - Jan 1, 2009	21.45			21.45				42.90	to/fr: From Home to SJC Airport & Return (calculate mileage online and submit w/reimbursement)
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: *Ride Sharing is required if you are renting a car
Other Transportation	10.00			97.00				107.00	to/fr: 11/5: Shuttle to Conference. 11/8: Shuttle to ONT Airport
Parking/Tolls				55.00				55.00	Parking at the SJC Airport (Receipt Required)
Conference Registration*									
Lodging * (rm+tax only)	**								**Any extra lodging reimbursement needs prior approval from CfAO
Meals / Incidentals (M&IE)	5.57			6.12				11.69	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)	15.00			15.00				30.00	11/5 & 11/8: Checked luggage at airport (receipts required)
**Totals from add'tnl forms									Less Payments on behalf of Traveler Less Cash Advance Due to Traveler or <Due to Regents>
TOTALS:	256.22			194.57				450.79	450.79

* 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 4/21/2009

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