

For administration use only:

TRAVEL VOUCHER #: _____

VENDOR #: _____

TRAVEL EXPENSE WORKSHEET

(All worksheets MUST be signed)

TRAVELER MAILING ADDRESS INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Country: _____

If Private Car was used and mileage is being claimed, provide:

Vehicle License No. _____

Liability Insurance?

City of Residence: _____

US Citizen? Yes No (Country: _____)

If non-employee/student, Social Security #: _____ - _____ - _____

UC employee or student?

UC Employee ID Number _____

UC Student ID Number _____

Trip Purpose: _____

Duration of the trip: less than 30 days more than 30 days, less than one year more than one year

Type of trip: One Destination Multiple Destinations (if multiple dates and destinations, use Multiple Destination Log)

Trip Location: _____ Continental U.S. International or offshore U.S.

(use Multiple Destination_Intl Log for per diem info)

If Continental U.S.:

When did the traveler leave home or office?

Date: _____ Time: _____

When did traveler return to home or office?

Date: _____ Time: _____

If International or Offshore U.S. travel:

When did the traveler arrive at this location?

Date: _____ Time: _____

When did traveler leave this location?

Date: _____ Time: _____

TRANSPORTATION:

| | | | | | | |
|--|-----------------|-------------------------------------|-------------------------------------|---------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Airfare | Amount: _____ | <input type="checkbox"/> CTS Billed | <input type="checkbox"/> Rental Car | Amount: _____ | <input type="checkbox"/> Other | Amount: _____ |
| <input type="checkbox"/> BART | Amount: _____ | | <input type="checkbox"/> Shuttle | Amount: _____ | | |
| <input type="checkbox"/> Bus | Amount: _____ | | <input type="checkbox"/> State Car | Amount: _____ | | |
| <input type="checkbox"/> Gas | Amount: _____ | | <input type="checkbox"/> Taxi | Amount: _____ | | |
| <input type="checkbox"/> Hired AirCraft | Amount: _____ | | <input type="checkbox"/> Toll | Amount: _____ | | |
| <input type="checkbox"/> Parking | Amount: _____ | | <input type="checkbox"/> Univ. Car | Amount: _____ | | |
| <input type="checkbox"/> Private Car (One Trip) | TL Miles: _____ | <\$.375= | 0 | | TRANS TOTALS: | <input type="text" value="0"/> |
| <input type="checkbox"/> Private Car (Multiple Trips-from log) | TL Miles: _____ | <\$.375= | 0 | | | |
| <input type="checkbox"/> Rail/Train | Amount: _____ | | | | | |

MISCELLANEOUS EXPENSES:

| | | | | |
|--|---------------|--|---------------|--------------------------------|
| <input type="checkbox"/> Copies, etc. | Amount: _____ | <input type="checkbox"/> Registration Fees | Amount: _____ | |
| <input type="checkbox"/> Fax | Amount: _____ | <input type="checkbox"/> Telephone | Amount: _____ | MISC EXPENSE |
| <input type="checkbox"/> Office Supplies | Amount: _____ | <input type="checkbox"/> Other | Amount: _____ | TOTALS: |
| | | (explain: _____) | | <input type="text" value="0"/> |

DAILY MEAL, INCIDENTAL AND LODGING EXPENSES (or attach Daily Meal Log):

