

Supervisor's  
Approval  
Signature:

iTravel #: \_\_\_\_\_

(Office Use Only)

# TRAVEL EXPENSE WORKSHEET

(Travel Voucher cannot be prepared without the following information)

PLEASE PRINT LEGIBLY

**UCR EMPLOYEES:** Complete ALL shaded areas

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Campus (if other than UCR): \_\_\_\_\_  
(Last) (First) (MI)

UC Employee? (Yes)  (No)  U.S. Citizen? (Yes)  (No)  If "No", Citizen of What Country? \_\_\_\_\_ Visa Type: \_\_\_\_\_

Complete Home Address (if NOT a UCR Employee): \_\_\_\_\_

Business Address (if NOT a UCR Employee): \_\_\_\_\_

**Note: All NON UCR Employees Must Complete address line above** Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Campus Ext. (UCR employees): \_\_\_\_\_ Personal Vehicle License No. \_\_\_\_\_ Insurance? (req'd) \_\_\_ Yes \_\_\_ No

(Required if you are claiming mileage OR parking fees)

CHARGE TO: ACTIVITY: FUND: FUNCTION: COST CENTER: COST CENTER:

Specific Purpose of Travel ("Research" or "Meeting" not sufficient):

## ORIGINAL RECEIPTS MUST ACCOMPANY ALL EXPENSES CLAIMED

*There is a 21 day submission deadline for all travel expenses, please give an explanation if you submit after deadline.*

*Explanation or miscellaneous information:* \_\_\_\_\_

Are any of these expenses being shared with another traveler? (Y) \_\_\_\_\_ (N) \_\_\_\_\_ If yes, whom? Which one(s)? \_\_\_\_\_

Will all or part of these expenses be covered by another source? (Y) \_\_\_\_\_ (N) \_\_\_\_\_ If so, what and how much? \_\_\_\_\_ Whom? \_\_\_\_\_

**If you charged your airline ticket to the University, you are still required to include the Passenger Coupon (final copy of ticket) with your Expense Worksheet.**

ADVANCES (paid by Dept): Airline Ticket: \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Cash Advance: \_\_\_\_\_ Other: \_\_\_\_\_

**RECORD TRAVEL DETAILS ON REVERSE SIDE**

(Avoid using felt tip pens or markers)

**Report daily expenses on a separate line.**

**Show actual day of departure and return, including personal time or other days you are not claiming.**

Time Left & Time Returned (Required)	Date	Departure/Return Location (City & State / Country) *****  Travel Location (City & State / Country)	Meals Daily Cost  List <u>ACTUAL</u> <u>AMOUNTS</u> Max \$62/day	Hotel/Lodging Daily Cost  Original Itemized Receipt is required	Type & Cost of Transportation AIRLINE TICKET - RENTAL CAR UC VEHICLE – PERSONAL VEHICLE (Show personal car mileage below) Odometer Readings @ \$0. <u>58</u> per mile  Original receipts required for airfare, car rental, and all amounts \$75 or greater.	Parking Fees, Gas, Taxi, Tolls, Shuttle, etc.  (Please define)	Registration Fees  Miscellaneous & Incidentals: Phone, Internet Use, Airport Tax, Shipping Costs, Supplies (Please define)	(You are not required to compute daily costs)
					Start Miles / End Miles / Total			Total Expenses