

## DOMESTIC TRAVEL REIMBURSEMENT WORKSHEET

Submit completed form along with all original receipts to your travel processor within two weeks of return date.

		Date:
		IIC Francis vas Vas III No III
•		<del></del>
•		
		U.S Citizen
•		
Initial Departure Date:	Return Date:	
	wance for this trip? No Yes me during this trip No Yes	
Actual amount spent on r	XPENSES (LIST ACTUAL EXPENSES neals listed on daily log. You may omestic (See page 2 for daily log.)	claim up to \$92 per day.
<b>LODGING</b> Did you share a room? <b>Ye</b>	s No If so, with whom?	
Number of nights:	Rate: \$ Tax: \$ Oth         Rate: \$ Tax: \$ Oth         Rate: \$ Tax: \$ Oth	er: \$
Private Car Mileage: Rental Vehicle: \$	Paid for by: Credit Card A License Plate #: C Rental Vehicle Gasoline: \$ \$ Other: \$	heck here to confirm your liability insurance
MISCELLANEOUS		
Registration: \$ To	ele/Fax/Internet: \$ Parki	ng: \$ Other (explain): \$
Are you being reimbursed	from any other source Yes 🔲 🛚	No if so what source?
Comments:		
SIGNATURES		
by me on official University business	ment, that the expenses claimed were incurred on the dates shown, and that I have attached 575 or more, as required by University policy.	AUTHORIZING SIGNATURE DATE
Traveler's Signature	 Date	Print name and title

## MEALS AND INCIDENTALS

Please indicate by date the actual amounts spent for Breakfast, Lunch, Dinner, and any Incidentals. Please keep in mind that the allowed Maximum is \$92.00 for each 24-hour period (domestic rate). Foreign rate will vary depending on city and country.

## **ACTUAL EXPENDITURES AS REQUIRED BY G-28 Travel Regulations:**

• Subsistence Expenses (starts page 25) • Reporting Travel Expenses (starts page 41)

DAILY TOTAL	TALS	INCIDENTA	DINNER	LUNCH	BREAKFAST	DATE

UC SANTA BARBARA

I hereby certify that I am not requesting

reimbursement for any alcohol purchased on this trip.