FOREIGN TRAVEL REIMBURSEMENT WORKSHEET

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

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

E-mail Address: _____

Date: _____

UC Employee: **Yes** ☐   **No** ☐

U.S. Citizen Status:
- ☐ U.S Citizen
- ☐ Permanent Resident
- ☐ Non-Resident Alien

Purpose of Travel: _____

Destination: _____

Did you obtain a Travel Advance for this trip?   **No** ☐ **Yes** ☐ Amount: $_____

Was there any personal time during this trip?   **No** ☐ **Yes** ☐ From: _____ To: _____

Purpose: _____

Departure Location: _____ Departure Date: _____ Departure Time: _____

- Location 1: _____ Arrival Date: _____ Departure Date: _____
- Location 2: _____ Arrival Date: _____ Departure Date: _____

Arrival Location: _____ Arrival Date: _____ Arrival Time: _____

TRANSPORTATION

Airfare: $_____ RT ☐   Paid for by: Credit Card ☐   Charged to Department ☐

Private Car Mileage: _____ License Plate #: _____ Check here to confirm your liability insurance

Rental Vehicle: $_____ Rental Vehicle Gasoline: $_____ UC Vehicle: **Yes** ☐ **No** ☐

Taxi/Bus: $_____ Train: $_____ Other: $_____ Parking: $_____

PER DIEM (MEALS AND LODGING)

Are you claiming per diem meals?   **Yes** ☐ **No** ☐   Actual Amount: $_____

Are you claiming per diem lodging?   **Yes** ☐ **No** ☐   Actual Amount: $_____

(You must provide receipts for lodging and meals, if you are claiming "actual" rather than per diem.)

MISCELLANEOUS

Registration: $_____ Telephone/Fax: $_____ Other (explain): $_____

Foreign Exchange Fees: $_____ Exchange Rate Used: $ 1.00 U.S. =_____

Are you being reimbursed from any other source **Yes** ☐ **No** ☐   if so, what source?_____

Comments:_____

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense, 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 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)

DATE	BREAKFAST	LUNCH	DINNER	INCIDENTALS	DAILY TOTAL

☐ *I hereby certify that I am not requesting reimbursement for any alcohol purchased on this trip.*

UC **SANTA BARBARA**