DOMESTIC TRAVEL
REIMBURSEMENT WORKSHEET

Submit completed form along with all original receipts to your travel processor

Name: _____ Date: _____

Social Security #: _____ UC Employee: ○ Yes ○ No

Address: _____ U.S. Citizen: ○ Yes ○ No

_____ City of Residence: _____

Phone number: _____ Vendor ID (if known): _____

E-mail Address:_____ Home Campus: _____

Account to be charged: (to be completed by INSET admin)_____

Purpose of Travel: __To take part in INSET summer internship_____

Destination: UCSB_____

Initial Departure Date: _____ Return Date: _____

Initial Departure Time: _____ Return Time: _____

Did you obtain a Travel Advance for this trip? ○ **No** ○ **Yes** $_____

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

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: $_____

~~MEALS~~

~~Actual amount spent on meals per day:~~ ~~1) $_____~~ ~~4) _____~~ ~~7) _____~~

~~You may claim up to $50 per day.~~ ~~2) $_____~~ ~~5) _____~~ ~~8) _____~~

~~3) $_____~~ ~~6) _____~~ ~~9) _____~~

~~LODGING~~

~~Did you share a room?~~ ~~○ Yes~~ ~~○ No~~ ~~If so, with whom? _____~~

~~Number of nights: _____ Rate: $_____ Tax: $_____ Other: $_____~~

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~~Number of nights: _____ Rate: $_____ Tax: $_____ Other: $_____~~

~~MISCELLANEOUS~~

~~Registration: $_____~~ ~~Tele/Fax: $_____~~ ~~Other (explain): $_____~~

~~Comments: _____~~

SIGNATURES

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 of $75 or more, as required by University policy.

Traveler's Signature Date

AUTHORIZING SIGNATURE DATE

Print name and title