

# Travel Voucher Worksheet

Name: \_\_\_\_\_

Project(s) to charge: \_\_\_\_\_

Contact number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If available, do you want direct deposit:  Yes  No

Check mailing address: \_\_\_\_\_

Departure Location: \_\_\_\_\_

U.S. Citizen?:  Yes  No

If not a U.S. Citizen attach a copy of your VISA/Passport (non-UC employees only).

Destination: \_\_\_\_\_

UC Employee?  Yes  No

UC Student/Postdoc?  Yes  No

**Purpose of trip:** \_\_\_\_\_

## Itinerary

Exact date & time of departure (from home): \_\_\_\_\_ @ \_\_\_\_\_  AM  PM

Exact date & time of arrival (at destination): \_\_\_\_\_ @ \_\_\_\_\_  AM  PM

Exact date & time of departure (for home): \_\_\_\_\_ @ \_\_\_\_\_  AM  PM

Exact date & time of arrival (at home): \_\_\_\_\_ @ \_\_\_\_\_  AM  PM

\*If your itinerary is more complex, e.g. spent time at several sites, please use the next page to include full travel itinerary.

Any personal time taken on this trip?  YES  NO If yes, dates: \_\_\_\_\_

## Expenses:

Options	Yes/No	Amount to reimburse	Notes
<b>Food:</b>	Actual amount spent: Please use back of sheet.	\$	<b>Maximum allowed rate is: \$64 per 24 hours (domestic rate) or call x7281 for foreign rates</b>
<b>Travel via:</b>	Airfare (Receipt is required*)	\$	Paid by ISBER or Traveler? (Circle one) <small>(Receipt is required even if paid directly by ISBER*)</small>
	Private car use Reimbursed at \$0.505/mile (Subject to change by IRS)	Total miles driven:	<b>License plate #: REQUIRED</b> if claiming mileage or gas (on personal vehicle only). Can only claim one, gas or mileage.
	UC Vehicle: <input type="checkbox"/> UC <input type="checkbox"/> Rental Car	\$	Gas: \$ Parking: \$
	Train/Bus (Receipt required)	\$	Tolls: \$ Portorage: \$
	Taxi or Ferry (boat) (Circle the appropriate one)	\$	If not all receipts available, # of trips
<b>Lodging:</b>	Hotel** (Itemized receipt is required)	\$	Did you share a room? <input type="checkbox"/> Yes <input type="checkbox"/> No With whom? (Use back of page, notes to preparer.)
<b>**FOR HOTEL: CREDIT CARD CARBON COPIES OR STATEMENTS ARE NOT ACCEPTABLE. IF ITEMIZED RECEIPT IS NOT AVAILABLE, PLEASE CONTACT THE HOTEL AND REQUEST A FAX COPY BE SENT TO ISBER. REIMBURSEMENT WILL NOT OCCUR UNTIL COPY IS OBTAINED. Thanks!</b>			
<b>Miscellaneous:</b>	Registration (Receipt is required)	\$	Abstract Fee: \$
	Supplies (Receipts required)	\$	Phone/Fax: \$
	Other Please explain.	\$ ,	Excess Baggage: \$

Are you being reimbursed from any other source?  Yes  No If so, what source: \_\_\_\_\_

What are they reimbursing you for and how much? \_\_\_\_\_

Did ISBER advance you money for expense or pay airfare, registration directly for you?  YES  NO

Amount requested as reimbursement: \$ \_\_\_\_\_  
(if paying back money, indicate with a minus or leave blank)

Amount to pay UCSB Corporate card: \$ \_\_\_\_\_  
(Amount you want ISBER to pay directly to your UCSB Corporate card.)

Traveler cannot sign as approval.

**TRAVELER'S SIGNATURE:** \_\_\_\_\_

**APPROVAL SIGNATURE:** \_\_\_\_\_  
(Not same as Traveler) Name & Title:

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.

Please indicate by date the actual amounts spent for Breakfast, Lunch, Dinner and any Incidentals.

Please keep in mind that the allowed **MAXIMUM is \$64** for each 24 hour period (domestic rate).

Foreign rate will vary depending on city and country, please call x5697 or x5021 for foreign rates.

<u>DATE:</u>	<u>BREAKFAST</u>	<u>LUNCH:</u>	<u>DINNER:</u>	<u>INCIDENTALS</u>	<u>(FOR ISBER USE)</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____

Initial Departure Location: \_\_\_\_\_ Initial Departure Date: \_\_\_\_\_ Initial Departure Time: \_\_\_\_\_

	Arrival Date	Arrival Time	Departure Date	Departure Time
Location 1:				
Location 2:				
Location 3:				
Location 4:				

First Arrival Location: \_\_\_\_\_ Final Arrival Date: \_\_\_\_\_ Final Arrival Time: \_\_\_\_\_

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.

**PLEASE RETURN COMPLETED WORKSHEETS ALONG WITH RECEIPTS TO:**

**Katie Bamberg  
ISBER  
North Hall, Room 2201  
University of California  
Santa Barbara, CA 93106-2150**

Special notes to voucher preparer: