

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): _____ @ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Exact date & time of arrival (at destination): _____ @ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Exact date & time of departure (for home): _____ @ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Exact date & time of arrival (at home): _____ @ _____ <input type="checkbox"/> AM <input type="checkbox"/> 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
<u>Food:</u>		Actual amount spent: \$ _____ Please use back of sheet.	Maximum allowed rate is: \$64 per 24 hours (domestic rate) or call x7281 for foreign rates
<u>Travel via:</u>		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 \$0.585/mile (Subject to change by IRS)	License plate #: REQUIRED 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 _____
<u>Lodging:</u>		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.)

****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!**

<u>Miscellaneous:</u>	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: