



Travel Voucher Worksheet

Name: _____

Project(s) to charge: _____

Contact Number: _____

Email Address: _____

Department: _____

Check mailing address: _____

If available, do you want direct deposit: Yes No

Home Institution: _____

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

Initial Departure Location: _____

UC Employee? Yes No

Destination: _____

Purpose of Trip: _____

Itinerary		Date	Time	Date	Time
Exact date & time of departure (from home):	@			Exact date & time of arrival (at destination):	@
Exact date & time of departure (from destination):	@			Exact date & time of arrival (at home):	@
If your itinerary is more complex, e.g. spent time at several sites, please use the back of this sheet to write it out in the same format as above or attach a separate sheet.					
Any personal time taken on this trip? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates: _____					

Expenses		Options	Amount to reimburse
Meals & Incidentals	Actual amount spent: Please use back of sheet.	\$	Maximum allowed rate is: \$62 per 24 hours (Domestic rate, call your Grants Manager for foreign rates)
Lodging	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.)
Transportation	Airfare: (Receipt is required*)	\$	Paid by ISBER or Traveler ? (Select one) (Receipt required even if paid by ISBER)*
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="text-align: center;"> <p>Total Expenses</p> <p>\$</p> </div> </div>	Private car use Reimbursed at \$0.58/mile (Subject to change.)	Total miles driven: Liability Insurance?	License plate #: REQUIRED if claiming mileage or gas (for personal vehicle only). Can only claim one: gas OR mileage.
	Other Vehicle: <input type="checkbox"/> UC <input type="checkbox"/> Rental Car	\$	Gas: \$ Parking: \$
	Train/Bus (Receipt is required)	\$	Tolls: \$ Portage: \$
	Taxi/Other	\$	If not all receipts available, # of trips:
Other	Registration	\$	Internet Access: \$ Excess Baggage: \$
	Supplies	\$	Phone/Fax: \$ Other (Please explain.) \$

Are you being reimbursed from any other source? Yes No If yes, 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? Amount Advanced: \$
(If you did not receive an advance, please enter 0)Amount due to Traveler, or due to UC: \$
(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'S
SIGNATURE: _____

I CERTIFY THAT THE ABOVE IS A TRUE STATEMENT, THAT THE EXPENSES CLAIMED DO NOT INCLUDE ALCOHOL AND 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.

APPROVAL
SIGNATURE: _____

(Not same as Traveler) Name & Title: _____

Traveler cannot sign as approval.

REIMBURSEMENTS WILL NOT OCCUR UNTIL APPROPRIATE RECEIPTS ARE SUBMITTED TO ISBER

Please indicate by date the **actual** amounts spent for Breakfast, Lunch, Dinner and any Incidentals.
Please keep in mind that the allowed **MAXIMUM is \$62** for each 24 hour period (domestic rate).
Foreign rate will vary depending on city and country, please contact your Grants Manager.

DATE	BREAKFAST	LUNCH	DINNER	INCIDENTALS	(FOR ISBER USE)
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

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:					

Final 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:

ISBER Travel
North Hall, Room 2201
University of California
Santa Barbara, CA 93106-2150

Special notes to voucher preparer: