

## Travel Voucher Worksheet

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

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

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

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

Department: \_\_\_\_\_

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

If available, do you want direct deposit:  Yes  No

\_\_\_\_\_

Home Institution: \_\_\_\_\_

U.S. Citizen?:  Yes  No

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

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

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 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?  YES  NO If yes, dates: \_\_\_\_\_

Expenses:	Options	Yes/No	Amount to reimburse	Notes
Food:	Actual amount spent: Please use back of sheet.		\$	<b>Maximum allowed rate is: \$64 per 24 hours (domestic rate) or call x for foreign rates</b>
Travel via:	Airfare (Receipt is required*)		\$	Paid by ISBER or Traveler ? (Circle one) (Receipt is required even if paid directly by ISBER)*
	<b>Private car use</b> <input type="checkbox"/> Confirm liability insurance approx. \$0.50/mile (Subject to change. Will reimburse at corresponding rate.)		Total miles driven:	<b>License plate #: REQUIRED</b> if claiming mileage or gas (on personal vehicle only). Can only claim one, gas or mileage.
	<input type="checkbox"/> Rental Car <input type="checkbox"/> UC Vehicle		\$	Gas: \$ Parking: \$
	Train/Bus (Receipt required)		\$	Tolls: \$      Porterage: \$
	Taxi or Ferry (boat) (Circle the appropriate one)		\$	If not all receipts available, # of trips
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.)

\*\*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. Thank you.

Miscellaneous:	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: \_\_\_\_\_



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.

( Not same as Traveler ) Name & Title:

**REIMBURSEMENT 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 \$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: