

Letters & Science Academic Advising

Travel Voucher Worksheet

Name: _____

Account(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 No

Initial Departure Location: _____

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

Destination: _____

UC Employee? Yes No

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	Notes
Food:	Actual amount spent: Please use back of sheet.	\$	Maximum allowed rate is: \$62 per 24 hours (Domestic rate; call x7482 for foreign rates.)
Travel via:	Airfare: (Receipt is required*)	\$	Paid by LSAA or Traveler ? (Select one) (Receipt required even if paid by LSAA)*
	Private car use Reimbursed at 57.5¢/mile (Subject to change.)	Total miles driven: Liability Insurance? Yes	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: \$ Portorage: \$
	Taxi/Other	\$	If not all receipts available, # of trips: _____
Lodging:	Hotel (Itemized receipt is required , max rate of \$275/night)	\$	Did you share a room? <input type="checkbox"/> Yes <input type="checkbox"/> No With whom? (Use back of page, notes to preparer.)
Miscellaneous:	Registration	\$	Internet Access: \$
	Supplies	\$	Phone/Fax: \$
	Other (Please explain.)	\$	Excess Baggage: \$

Are you being reimbursed from any other source? Yes No If yes, what source. _____

What are they reimbursing you for and how much? _____

Did LSAA advance you money for expense or pay airfare, registration directly for you? Yes No

Amount requested as reimbursement: \$

Amount to pay UCSB Corporate card: \$

(If paying back money, indicate with a minus or leave blank)

(Amount you want LSAA to pay directly to your UCSB Corporate card.)

TRAVELER'S SIGNATURE: _____

APPROVAL SIGNATURE: _____

Traveler cannot sign as approval.

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.

(Not same as Traveler) Name & Title: _____

REIMBURSEMENTS WILL NOT OCCUR UNTIL APPROPRIATE RECEIPTS ARE SUBMITTED TO LSAA

