

POST TRAVEL EXPENSE

Traveler's Name: _____
Traveler's Email: _____
Address: _____

Phone: _____

For Office Use Only	AP Review:	YES	NO
Trip Number: _____	Date: _____		
Document # _____			
Date Due: _____			
Prepared by: _____			
Vendor#@ _____			

Destination(s) Austin, TX	Traveler's Status
Purpose of Travel NSF AAPF 2012 Symposium	U.S. Citizen: Yes No
	Foreign: Visa Type
Departure Date:	UC Student Campus
Return Date:	UC Employee Campus

	Payments Made To/Or On Behalf Of Traveler
	<i>Enter all payments made on behalf of the traveler.</i>
Airfare	
RegFee	
Lodging	
Total	
Cash	<i>Enter cash advances from UCSC</i>

If traveler chooses to include personal travel, record times/dates based only on the business portion of the trip. Provide explanation of personal travel.

NOTE: Only Enter Numerical Values

Description of Expense	Date	Date	Date	Date	Date	Date	Date	TOTAL	COMMENTS
	EXPENSE								
Airfare *									to/fr:
PC Mileage .55.5 per mile (7/1/11)									to/fr:
Rental Car * (excludes insurance)									to/fr:
Other Transportation									to/fr:
Parking/Tolls									
Conference Registration*									
Lodging * (Room & Tax Only)									
Meals & Incidentals									Claim ACTUAL costs for meals/incidentals, up to \$64/day
Foreign Per Diem									
Long Term									
Miscellaneous (explain)									
**Totals from additional pages									Less Payments on behalf of Traveler Less Cash Advance Due to Traveler or <Due to Regents>
TOTALS:									

*** Must submit original receipts. ** Use additional forms for further expenses and explanations**

Traveler's certification: I certify that the above is a true statement, that the expenses claimed were incurred by me while on official University business on the dates shown, and that I have attached original receipts for each expense of \$75.00 or more, as required by University policy. I certify that I have complied with California's auto liability insurance law while operating my personal automobile on University business.

Traveler's Signature - Required
Sign and Date

 Other Authorizing Signatures
Sign and Date

Amount to charge FOAPAL				
Fund	Org	Account	Activity	Amount

 Authorized Funding Signature and Date