

EARTH RESEARCH INSTITUTE

Travel Voucher Worksheet							
Name:			Project(s) to charge:				
Contact Number:			Email Address:				
Department:			Check mailing address:				
If available, do you want direc	ct deposit: Yes	No					
Home Institution:			T. G. G. J.	L	Voc. No.		
Initial Departure Location	on:		U.S. Citizen? Yes No If <u>not</u> a U.S. Citizen attach a copy of your VISA/Passport (<u>non</u> -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 shee	et to write it out in the same	format as above	e or attach a separate sheet.		
Any personal time taken on this trip?							
Expenses	Options	Amount to r	eimburse				
Meals & Incidentals	Actual amount spent: Please use back of sheet.	\$		Maximum allowed rate is: \$79 per 24 hours (Domestic rate, call your Travel Assistant for foreign rates)			
Lodging	Hotel (Itemized receipt is required)	\$		Did you share a room? Yes With whom? (Use back of page, notes to preparer.)			
Transportation	Airfare: (Receipt is required*)	\$		Paid by <i>ERI</i> or <i>Traveler</i> ? (Select one) (Receipt required even if paid by ERI)*			
	Private car use Reimbursed at \$0.625/mile Mileage log required. (Rate 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 <i>OR</i> mileage.			
Total Expenses \$	Other Vehicle: UC Rental Car	\$		Gas: \$ Parking: \$			
	Train/Bus (Receipt is required)	\$		Tolls: \$	Porterage: \$		
	Taxi/Other	\$		If not all receipts available, # of trips:			
Other	Registration	\$	Internet Access: \$		Excess Baggage: \$		
	Supplies	\$	Phone/Fax: \$		Other (Please explain.) \$		
Are you being reimburs What are they reimbursing			□ No If yes, w	hat source.			
Did ERI advance you m	oney for expense or p		n directly for you? an advance, please enter	Amoun	t Advanced: \$		
				Amount to pay UCSB Corporate card: \$			
(If paying back money, indicate wi	ith a minus or leave blank)	(Amount you want ERI	to pay directly t	o 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)	e & Title:	Traveler cannot sign as approval.		

Please indicate by date the <u>actual</u> amounts spent for Breakfast, Lunch, Dinner and any Incidentals. Please keep in mind that the allowed <u>MAXIMUM is \$79</u> for each 24 hour period (domestic rate). Foreign rate will vary depending on city and country.

I hereby certify that I am not requesting reimbursement for any alcohol purchased on this trip.

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

Initial Departure Location:		Initial Departure Date	e:	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 E-MAIL COMPLETED ELECTRONIC WORKSHEETS A <u>LONG WI</u> TH RECEIPTS TO:							
ERI Travel (Travel@eri.ucsb.edu)							
We will not accept printed paper documents, only electronic							
Special notes t	to voucher preparer:						