



Travel Voucher Worksheet

Name: _____

Contact Number: _____

Department: _____

If available, do you want direct deposit: ☐ Yes ☐ No

Home Institution: _____

Initial Departure Location: _____

Destination: _____

Purpose of Trip: _____

Project(s) to charge: _____

Email Address: _____

Check mailing address: _____

U.S. Citizen? ☐ Yes ☐ NoIf not a U.S. Citizen attach a copy of your VISA/Passport (non-UC employees only).UC Employee? ☐ Yes ☐ No

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? ☐ Yes ☐ No If yes, dates: _____

Expenses

Options	Amount to reimburse
Meals & Incidentals	Actual amount spent: Please use back of sheet. \$
Lodging	Hotel (Itemized receipt is required) \$
Transportation	Airfare: (Receipt is required*) \$
Total Expenses \$ 0.00	Private car use Reimbursed at \$0.76/mi. (Rate subject to change) Total miles driven: Liability Insurance? Yes
	Other Vehicle: ☐ UC ☐ Rental Car \$
	Train/Bus (Receipt is required) \$
	Taxi/Other \$
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 ERI 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 ERI 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 ERI

Please keep in mind that the allowed **MAXIMUM is \$92** for each 24 hour period (domestic rate). Foreign rate will vary depending on city and country.

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

		Arrival Date	Arrival Time	Departure Date	Departure Time
Location 1:					
Location 2:					
Location 3:					
Location 4:					

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET

****We will not accept printed paper documents, only electronic****

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