

Travel Reimbursement Form

Instructions

Complete form. Save As PDF, attach original receipts and e-Mail to: businessoffice@gsm.ucdavis.edu

First Name _____ Last Name _____
 Home Address _____
 City _____ State _____ Zip _____ Country _____
 Phone Number _____ e-Mail _____
 Reimburse Traveler _____ Account(s) to be charged _____
 Reimburse Corporate Card _____

Purpose of trip (Please provide specific & detailed explanation and/or name of event)

Departure Date _____ Time _____ Private Car Mileage _____
 Return Date _____ Time _____ License Plate _____ State _____
 From: _____ To _____
 Airfare Amount _____ Paid Via Connexus: Yes _____ No _____

Meals & Incidentals (Incidentals can include fees and tips given to waiters/waitresses, porters, baggage carriers, bellhops, hotel maids, etc.). Total combined not to exceed \$62.00/day for domestic trips.

| Date | Breakfast | Lunch | Dinner | Incidental | Total |
|------|-----------|-------|--------|------------|-------|
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| | | | | Total: | |

Miscellaneous Expenses (Hotel, parking, taxi, registration, baggage fees, tolls, etc.)

| Item Descripton | Amount | Item Descripton | Amount |
|-----------------|--------|-----------------|--------|
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Notes Please indicate if you are reporting a currency other than USD, or note any other information not already on this form in the following box.