FOREIGN TRAVEL REIMBURSEMENT WORKSHEET

Rev. 01/2020

Submit completed form along with all original receipts to your travel processor.

Name:			Date:						
SS#/Employee ID#: Extension:			1 2		ee:	Yes	No		
						Yes	No		
E-mail Address: Home Campus:			City of Residence:						
			Vendor I.D. # (if known):						
Account to be									
Purpose of Trav									
Destination:									
Did you obtain ⁻	Travel Insurance for this trip?		No	Ye	S				
Did you obtain	a Travel Advance for this t	rip?	No		Yes	\$			
Was there any p	personal time during this trip?	N	0	Yes	From	າ:	То	:	
Initial Departure Lo	ocation:	Initial [Departure	Date:			Initial Departure	Time:	
			Arrival [Date	Arrival T	ime	Departure Date	Departure Tim	ıe
Location 1:									_
Location 3:									_
Location 4:									
Final Arrival Location	on:	. Final /	Arrival Da	te:			Final Arrival Tim	e:	
TRANSPORTA	TION								
Airfare: <u>\$</u>	RT Paid for by	:	Cred	it Car	ď	Ch	arged to Depa	rtment	
Private Car Mile	eage: License Plate	#:		C	heck her	e to o	confirm your lia	ability insura	ince.
Rental Vehicle:	§ Rental Veh	icle Ga	asoline:	\$		_ (UC Vehicle:	Yes N	٩٩
Taxi/Bus: <u></u>	Train: <u>\$</u>		Othe	r: <u>\$</u>			Parking: <u></u>		
PER DIEM (ME	ALS AND LODGING)								
	g per diem meals? Yes		No				nount <u>\$</u>		
-	g per diem lodging? Yes de receipts for lodging if you a	are cla	No imina "a	or ctual	Actu rather t	ai Am han i	ount <u>\$</u> per diem.)		
MISCELLANEO			5				,		
	 Telephone/Fax	x: <u>\$</u>		Othe	er (expla	in): <u>\$</u>			
	ge Fees: ^{\$} Excl								
Comments:									
<u>SIGNATURES</u>	I certify that the above is a true statement, that the e by me on official University business on the dates s original receipts for each expense of \$75 or more, as	hown, and th	hat I have attac	hed	AUTHORIZING	G SIGNAT	URE	DATE	
	Traveler's Signature		Da		Print name ar	nd title:			