

BRC UCOP/ACADEMIC SENATE TRAVEL REIMBURSEMENT FORM

PAYEE							
Name:				Title/Campus:			
Address:							
Phone:				Email:			
TRIP							
Business Purpose:							
Destinations:							
Date/Time Depart:				Date/Time Return:			
DOCUMENTATION							
PERSONAL CAR <input type="checkbox"/> Personal Automobile Used? No. of Miles:							
To/From:							
AIR TRAVEL <input type="checkbox"/> SWABIZ <input type="checkbox"/> UCLA Travel (UCSB Travelers only) <input type="checkbox"/> Self							
(Must attach itinerary, showing proof of payment for ALL air travel, including those prepaid by UC)							
GROUND TRANSPORTATION <input type="checkbox"/> BART <input type="checkbox"/> Taxi <input type="checkbox"/> Train							
Date:		Amount:		Date:		Amount:	
OTHER EXPENSE <input type="checkbox"/> Parking <input type="checkbox"/> Toll Amount:							
LODGING <input type="checkbox"/> Yes <input type="checkbox"/> No							
Date:		Amount:		Date:		Amount:	
FOR UCOP USE ONLY							
	Account	Fund	Project	Sub	Object	Source	%
M	430384	69085		3			
M							
CERTIFICATION							
I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the date shown, and that I have attached original receipts for each expense of \$75 or more, as required by University policy.							
Traveler's Signature:				Dept Contact & Phone			
				Mona Hsieh: 510.987.9143			
Date:				Dept Approval			
				Jocelyn Banaria - Assistant Director			