Print Form

UC HASTINGS COLLEGE OF THE LAW
TRAVEL REIMBURSEMENT FORM

Section A. Traveler Information (Please Print or Type)

Name (Last, First)	Mailing Address (Street, Apt #, City, State, Zip)		
Social Security Number	Office Telephone Number	Department Name/Office Number	Position

Section B. Transportation Costs | *Section C. Registration Fees*

Shuttle/Parking/ Taxi/Tolls (1)	Airfare (2)	Other Modes (3)		Private Car (4) (Note: A current authorization form must be on file. See instructions for more information.)			Total Transportation Costs (5)	Prepaid by College (6):	Paid by Traveler (7):
$	$	Type Code:	$	Miles Driven:	$	License Plate #:	$ 0.00	$	$

Section D. Trip Information and Daily Expenses | *Section E. For Fiscal Use Only*

Departure Date (8): | Return Date (9): | Departure Time (10): | Return Time (11):

Date (12) (MM/DD/YY)	Location (13) (City and State)	(Prepaid or Traveler Paid) Lodging (14)	Meals (15)	Business Expense (16):	NR Business Expense (17):	Total Daily Expenses (18):
		$	$	$	$	$ 0.00
		$	$	$	$	$ 0.00
		$	$	$	$	$ 0.00
		$	$	$	$	$ 0.00
		$	$	$	$	$ 0.00
		$	$	$	$	$ 0.00
		$	$	$	$	$ 0.00
Total:		$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Section F. Cost Center Distribution

Account Number (19a)	Amount (19b)
	$
	$
Prepaid Registration Fees	$ (Do Not Include)
Other Prepaid: 00-10000-1345	$ 0.00
TOTAL(20):	$ 0.00

Section G. Reimbursement Calculation

(21) Total Gross Expenses:	$ 0.00
(22) Less Prepaid Transportation:	<$ >
(23) Less Prepaid Registration:	<$ 0.00 >
(24) Less Prepaid Hotel:	<$ >
(25) Less Travel Advance:	<$ >
(26) Total Reimbursement/Amount Owed:	$ 0.00

Section H. Purpose of Trip Your Total: 0.00 (should match)

_____
_____
_____
_____

Section I. Check Disposition

Please check either "mail" or "pick-up". If no disposition method is indicated, the check will be mailed to the above address.

Mail: ☑ Pick-Up: ☐ E-Check: ☐

Please call _____ at ext., _____ when check is available.

Section J. Authorization

Signature of Officer/Supervisor Approving Payment:

_____ _____
Signature Date

Section K. Certification

I certify that the above is a true statement of the travel expenses I incurred in accordance with existing travel policies of the College and that all items shown were for official College business.

_____ _____
Traveler's Signature Date

White: Fiscal Services Yellow: Fiscal Services Pink: Employee Goldenrod: Budget Manager

Reset Form Print Form

dt:mw:c:\data\text\forms\tvlfrm&tvlfrm2.doc (04/98)