Print Form

UC COLLEGE OF THE LAW SF

# 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: RC (Rental) | $ | 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

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