

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 _____

Detailed business purpose: *(Meeting with colleague, attend conference does not suffice, link to PDF examples at: <https://shorturl.at/dzYZ6>)*

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 \$79.00/day for domestic trips. Actual expenses, this is not a "per diem".*

Date	Breakfast	Lunch	Dinner	Incidental	Total
				Total:	

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

Item Descripton	Amount	Item Descripton	Amount

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.