ISBER

Travel Voucher Worksheet

Name: _____ Project(s) to charge: _____

Contact Number: _____ Email Address: _____

Department: _____ Check mailing address: _____

If available, do you want direct deposit: ☐ Yes ☐ No

Home Institution: _____

U.S. Citizen? . . . . ☐ Yes ☐ No
If *not* a U.S. Citizen attach a copy of your VISA/Passport (*non*-UC employees only).

Initial Departure Location: _____

Destination: _____

UC Employee? . . . . ☐ Yes ☐ No

Purpose of Trip: _____

Itinerary

	Date	Time		Date	Time
Exact date & time of departure (from home):	@		Exact date & time of arrival (at destination):	@	
Exact date & time of departure (from destination):	@		Exact date & time of arrival (at home):	@	

If your itinerary is more complex, e.g. spent time at several sites, please use the back of this sheet to write it out in the same format as above or attach a separate sheet.

Any personal time taken on this trip? ☐ Yes ☐ No If yes, dates: _____

Expenses

	Options	Amount to reimburse	
Meals & Incidentals	Actual amount spent: Please use back of sheet.	$	Maximum allowed rate is: $62 per 24 hours (Domestic rate, call your Grants Manager for foreign rates)
Lodging	Hotel (Itemized receipt is required)	$	Did you share a room? ☐ Yes ☐ No With whom? (Use back of page, notes to preparer.)
Transportation	Airfare: (Receipt is required*)	$	Paid by *ISBER* or *Traveler*? (Select one) (Receipt required even if paid by ISBER)*

Total Expenses $

	Options	Amount	
	Private car use Reimbursed at $0.56/mile (Subject to change.)	Total miles driven: Liability Insurance?	License plate #: **REQUIRED** if claiming mileage or gas (for personal vehicle only). Can only claim one: gas *OR* mileage.
	Other Vehicle: ☐ UC ☐ Rental Car	$	Gas: $ Parking: $
	Train/Bus (Receipt is required)	$	Tolls: $ Porterage: $
	Taxi/Other	$	If not all receipts available, # of trips:
Other	Registration	$	Internet Access: $	Excess Baggage: $
	Supplies	$	Phone/Fax: $	Other (Please explain.) $

Are you being reimbursed from any other source? ☐ Yes ☐ No If yes, what source. _____
What are they reimbursing you for and how much? _____

Did ISBER **advance** you money for expense or pay airfare, registration directly for you? (If you did not receive an advance, please enter 0) Amount Advanced: $

Amount due to Traveler, or due to UC: $
(If paying back money, indicate with a minus or leave blank)

Amount to pay UCSB Corporate card: $
(Amount you want ISBER to pay directly to your UCSB Corporate card.)

TRAVELER'S SIGNATURE: _____

I CERTIFY THAT THE ABOVE IS A TRUE STATEMENT, THAT THE EXPENSES CLAIMED DO NOT INCLUDE ALCOHOL AND WERE INCURRED BY ME ON OFFICIAL UNIVERSITY BUSINESS ON THE DATES SHOWN, AND THAT I HAVE ATTACHED ORIGINAL RECEIPTS FOR EACH EXPENSE OF $75 OR MORE, AS REQUIRED BY UNIVERSITY POLICY.

Traveler cannot sign as approval.
APPROVAL SIGNATURE: _____
(Not same as Traveler) Name & Title: _____

REIMBURSEMENTS WILL NOT OCCUR UNTIL APPROPRIATE RECEIPTS ARE SUBMITTED TO ISBER

Please indicate by date the **actual** amounts spent for Breakfast, Lunch, Dinner and any Incidentals.
Please keep in mind that the allowed **MAXIMUM is $62** for each 24 hour period (domestic rate).
Foreign rate will vary depending on city and country, please contact your Grants Manager.

DATE	BREAKFAST	LUNCH	DINNER	INCIDENTALS	(FOR ISBER USE)
	$	$	$	$	
	$	$	$	$	
	$	$	$	$	
	$	$	$	$	
	$	$	$	$	
	$	$	$	$	
	$	$	$	$	
	$	$	$	$	
	$	$	$	$	
	$	$	$	$	
	$	$	$	$	
	$	$	$	$	
	$	$	$	$	
	$	$	$	$	

Initial Departure Location: _____   Initial Departure Date: _____   Initial Departure Time: _____

	Arrival Date	Arrival Time	Departure Date	Departure Time
Location 1:				
Location 2:				
Location 3:				
Location 4:				

Final Arrival Location: _____   Final Arrival Date: _____   Final Arrival Time: _____

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET

PLEASE RETURN COMPLETED WORKSHEETS <u>ALONG</u> <u>WITH</u> <u>RECEIPTS</u> TO:

ISBER Travel
North Hall, Room 2201
University of California
Santa Barbara, CA 93106-2150

Special notes to voucher preparer: