

UC TRAVEL REIMBURSEMENT CLAIM

NOTE: ALL information on this form must be completed PRIOR to giving Terri, or it will be returned to you.

Please upload all documents to AggieTravel or EMAIL to Terri

Name: _____ Last 4 Digits of Corp Card # _____

Account Names (s)/Number (s) to be charged:

Account Name: _____	Number: _____
Account Name: _____	Number: _____
Account Name: _____	Number: _____

Departure Date: _____ Departure Time: _____ Return Date: _____ Return Time: _____

Destination: _____ Name of Trip: _____

(DO NOT USE ACRONYMS)

Business Purpose:

List all expenses on a per day basis, mileage may be as one entry. List all your prepaid expenses (CTS travel, VISA, prepaid registration fee) at the bottom of this space provided.

**** NOTE:** Travel between 7 am and 7 pm in a single day or within employees headquarters are not reimbursed. Travel for more than 12 hours but less than 24, maximum of \$42.00 for meals and incidentals. Travel for more than 24 hours but less than 30 days, maximum of **\$62.00 for meals and incidentals.**

Number of miles traveled: _____ @ .545 per mile = \$ _____

Comments:

Date	Location where expenses incurred	Cost of Meals**		Lodging (Break-down per day)	Transportation Cost		G=Gas P=Parking S=Shuttle TA=Taxi T=Toll U=Uber/Lyft		Registration Fee		Check here if Corp Card was charged	DAILY TOTAL
		B=Breakfast	L=Lunch		A=Airline	PC=Personal Car						

COMMENTS/Use this area for addresses you want included in your mileage/Tab to next line

Total Expenses _____
 Less VISA Acct. Charges _____
 Less DAFIS Advance _____
 Less Airfare Advance _____
 Total Due _____

Due Employee

Due UC

Note: If you use your VISA to obtain cash in advance attach your bank receipt. Bank fee will be added to reimbursement claim. If your withdrawal exceeds reimbursement owed you, you need to pay the overage directly to the VISA account and claim only what you actually spent on your trip.