

TRAVEL EXPENSE VOUCHER
(Non-Relocation)

Traveler's Name	Full Legal name		
Home Address (no P.O. Box)	no P.O. Box	City: Required	Zip: Required
Telephone # (including area code)	Required	Email Address	Required
Business Purpose (be specific; spell-out acronyms)	To attend the 2018 UC ANR Statewide Conference to connect with colleagues from across the state about shared challenges, concerns, opportunities and solutions.		
Departure Date	Required	Departure Time	Required
Return Date	Required	Return Time	Required

MILEAGE EXPENSES mileage is reimbursed at \$0.545

Private Car License Plate #	required if requesting mileage	Vehicle Liability Ins.?	Y / N (mark one)
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Date	Start Location	End Location	Google Maps # of miles	Expense
Required	street # and name required	street # and name required	attach map printout, if poss.	Calculated field
If no Mileage, please include comment to reflect this				\$ -
				\$ -

TRANSPORTATION EXPENSES

Date	Mode of Transportation	Expense
Required	Dropdown menu	Required
If no Transportation, please include comment to reflect this		

MEAL EXPENSES

Date	Breakfast	Lunch	Dinner	Daily Total
Required	There should be very minimal meals claimed since most are provided			Calculated field
04/09/18	if applicable	Provided by UC ANR	Provided by UC ANR	
04/10/18	Provided by UC ANR	Provided by UC ANR	Provided by UC ANR	
04/11/18	Provided by UC ANR	Provided by UC ANR	if applicable	
04/12/18	Provided by UC ANR	Provided by UC ANR	if applicable	

LODGING EXPENSES

Date	Name of Hotel / Facility	Lodging Cost
Required	Required	Required
Itemized Hotel Receipt required		\$ -
		\$ -

MISCELLANEOUS EXPENSES

Date	Misc Expense Type	Explanation for Expense	Expense Cost
There should be very minimal miscellaneous expenses since most everything is being provided.			\$ -
Itemized Receipt are required for anything over \$75.00			\$ -

This is the exact amount you will be reimbursed. **TOTAL:** Calculated field

BY SIGNING THIS REPORT, I CERTIFY THAT THE AMOUNTS CLAIMED ARE A TRUE STATEMENT OF THE EXPENSES INCURRED ON OFFICIAL UNIVERSITY BUSINESS OR ENTERTAINMENT AND THAT THE ORIGINAL OF ALL REQUIRED RECEIPTS HAS BEEN SUBMITTED, WHETHER SCANNED OR FAXED.

Traveler Signature: Legal signature/can be approved digital signature Date: Required

Department Account Information	Chart:	Account:	Sub-account:	Project:
	L	SWMTG18		
	If Appl.	If Appl.	If Appl.	Required for Non-Approved expenses

Dept approval:

N/A

Date: N/A