

# GUEST TRAVEL REIMBURSEMENT WORKSHEET

Submit completed form digitally along with all original receipts to your travel processor

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

U.S. Citizen: Yes No

City of Residence: \_\_\_\_\_

Phone: \_\_\_\_\_

Guest ID (if known): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Campus: \_\_\_\_\_

**Account to be charged:** \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Destination: \_\_\_\_\_

Initial Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Initial Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Did you obtain Travel Insurance for this trip? No \_\_\_\_\_ Yes \_\_\_\_\_

**Did you obtain a Travel Advance for this trip?** No \_\_\_\_\_ Yes \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Was there any personal time during this trip? No Yes From: \_\_\_\_\_ To: \_\_\_\_\_

## MEALS AND INCIDENTAL EXPENSES (LIST ACTUAL EXPENSES ON DAILY LOG ON PAGE 2)

**There is no per diem for Domestic. You may claim up to \$92 per day.**

## LODGING

Did you share a room? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, with whom? \_\_\_\_\_

Number of nights: \_\_\_\_\_ Rate: \$ \_\_\_\_\_ Tax: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

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## TRANSPORTATION

Airfare: \$ \_\_\_\_\_ RT Paid for by: Credit Card \_\_\_\_\_ Charged to Department \_\_\_\_\_

Private Car Mileage: \_\_\_\_\_ License Plate #: \_\_\_\_\_ Check here to confirm your liability insurance

Rental Vehicle: \$ \_\_\_\_\_ Rental Vehicle Gasoline: \$ \_\_\_\_\_ UC Vehicle: Yes No

Taxi/Bus: \$ \_\_\_\_\_ Train: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

## MISCELLANEOUS

Registration: \$ \_\_\_\_\_ Tele/Fax/Internet: \$ \_\_\_\_\_ Parking: \$ \_\_\_\_\_ Other (explain):

\$ \_\_\_\_\_

Comments: \_\_\_\_\_

## SIGNATURES

<p><small>I certify that the above is a true statement, that the expenses claimed 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.</small></p>  <p>_____ AUTHORIZING SIGNATURE DATE</p>	<p>AUTHORIZING SIGNATURE DATE_</p>  <p>_____ Print name and title</p>
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**MEALS AND INCIDENTALS**

Please indicate by date the actual amounts spent for Breakfast, Lunch, Dinner, and any Incidentals.  
Please keep in mind that the allowed Maximum is \$92.00 for each 24-hour period (domestic rate).  
Foreign rate will vary depending on city and country.

**ACTUAL EXPENDITURES AS REQUIRED BY [G-28 Travel Regulations](#):**

- *Subsistence Expenses (starts page 25)*
- *Reporting Travel Expenses (starts page 41)*

Date	Breakfast	Lunch	Dinner	Incidentals	Daily Total