



## Reimbursement and Advance Request

**Note: PLEASE READ INSTRUCTIONS ON PAGE 5 BEFORE COMPLETING THIS FORM**

### SECTION 1: All Reimbursements

NAME	PROJECT TO BE CHARGED
Amount Paid by Corporate Travel Card: \$ _____ Last 4 digits _____	Amount Paid by Personal Funds: \$ _____ Last 4 digits _____
ADDRESS _____	
BUSINESS PURPOSE OF EXPENSE _____	

### SECTION 2: Entertainment

EVENT DATE	EVENT LOCATION
CHECK ONE _Breakfast _Lunch _Dinner _Light refreshments _Other	
WAS ALCOHOL SERVED?	NUMBER OF GUESTS
GUEST NAMES, TITLES, OCCUPATIONS/AFFILIATIONS. MAY ATTACH SEPARATE SHEET OR SIGN IN SHEET.	

### SECTION 3: Supplies

VENDOR	AMOUNT	EMPLOYEE ID (EIN) OR SOCIAL SECURITY NUMBER (SSN)															
CHECKLIST																	
<table style="border: none;"> <tr> <td style="padding: 2px 10px;">Yes</td> <td style="padding: 2px 10px;">N/A</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="padding-left: 20px;">Original itemized receipt showing payment method</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="padding-left: 20px;"><u>Credit card payment</u>: receipt shows name on card and last four digits</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="padding-left: 20px;"><u>Amazon purchase</u>: Shipping Confirmation</td> </tr> </table>	Yes	N/A		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	Original itemized receipt showing payment method	<input type="radio"/>	<input type="radio"/>	<u>Credit card payment</u> : receipt shows name on card and last four digits	<input type="radio"/>	<input type="radio"/>	<u>Amazon purchase</u> : Shipping Confirmation		
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### SECTION 4: Travel Advance or Travel Reimbursement

**TRAVEL ADVANCE:** If you do not have a UCSB Corporate Travel Card, you can request a cash advance to cover travel expenses before the completion of the trip. You must account for all expenses by submitting a travel



voucher within 21 days of completion of the trip. If the advance amount is less than the actual, you will receive additional reimbursement. If the advance amount exceeds the actual, you must write a check payable to UC Regents for the excess.

**TRAVEL REIMBURSEMENT:** Request reimbursement for travel expenses after the completion of the trip.

4a: Type of Request

Circle One:	Travel Advance (before trip)	Travel Reimbursement (after trip)
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4b: Traveler Information

EMPLOYEE ID	UC EMPLOYEE (YES OR NO)	U.S. CITIZEN (YES OR NO)
HOME CAMPUS	PHONE	EMAIL ADDRESS

4c: Trip Information

STARTING LOCATION	DESTINATION
INITIAL DEPARTURE Date: _____ Time: _____ am/pm	RETURN Date: _____ Time: _____ am/pm
DID YOU OBTAIN A TRAVEL ADVANCE? YES OR NO: _____ AMOUNT: _____	WAS THERE ANY PERSONAL TIME? YES OR NO: _____ DATES: _____

4d: Expenses

i) Meals & Incidentals\*

FOREIGN TRAVEL ONLY: Requesting Lodging Per Diem? (Circle One)	Yes	No
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Actual Expenses

Indicate actual amounts spent for each Breakfast, Lunch, Dinner, and any Incidentals. The allowed maximum is \$62.00 for each 24-hour period (domestic rate, continental U.S.). Foreign rate and OCONUS rate vary based on city and country.

DATE	BREAKFAST	LUNCH	DINNER	INCIDENTALS	DAILY TOTAL
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$



\*Attach for each meal: Itemized receipts showing payment method. Credit card payments must show name on card and last four digits. If cc# and your name or not on the receipt please provide us with your cc statement with the purchase or a UCSB Missing Documentation Declaration form.

\*Do not split checks with other parties.

\*If you pay for another person's meal for a business purpose, complete an additional Reimbursement form and fill out Section 2: Entertainment.

ii) Lodging

FOREIGN TRAVEL ONLY: Requesting Meals & Incidentals Per Diem? (Circle One)                      Yes                      No			
DID YOU SHARE A ROOM? YES OR NO: _____ IF SO, WITH WHOM? _____			
NUMBER OF NIGHTS	RATE \$ _____	TAX \$ _____	OTHER \$ _____

iii) Transportation

AIRFARE \$ _____	PAYMENT METHOD (CHECK ONE) <input type="radio"/> CREDIT CARD <input type="radio"/> CHARGED TO DEPARTMENT	
PRIVATE CAR: Attach Google map with start and end point # OF MILES _____ LICENSE PLATE # _____ LIABILITY INSURANCE? (YES OR NO) _____		
RENTAL VEHICLE \$ _____	RENTAL VEHICLE GASOLINE \$ _____	UC VEHICLE? (YES OR NO) _____
TAXI/BUS \$ _____	TRAIN \$ _____	OTHER \$ _____

iv) Miscellaneous

REGISTRATION \$ _____	TELE/FAX/INTERNET \$ _____	PARKING \$ _____
OTHER \$ _____ (EXPLAIN) _____		

**SECTION 5: Signature**

Supplies: 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 as required by University policy.

Entertainment: I certify that I was present at this event, that these entertainment/hospitality expenses were incurred for official University business.

Travel: 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, as required by University policy.

SIGNATURE:	DATE
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**Instructions for Reimbursement, Advances and Gift Card Purchases**



To ensure speedy and accurate processing of your financial documents, please follow the instructions below and be sure to provide us with a Docu-Sign signature on page 3 of the form.

1. Complete Section 1
2. For entertainment reimbursement please complete Section 2
3. For reimbursement for supplies and miscellaneous expenses please complete Section 3
4. For travel expense reimbursement please complete Section 4a, b, c and di, ii, iii and iv as applicable.

## RECEIPTS

Please be sure to provide an Itemized receipt showing zero balance due and method of payment (for example, Visa card xxxxxxxxxxx1234). If your name is not included on the receipt with your cc # please complete and sign the UCSB Declaration of Missing Evidence form (attached) or provide us with your credit card statement that shows the transaction.

If you paid by check, you must provide evidence of the cleared check from your bank.

- Conference travel and registration receipts should be accompanied by meeting agenda, conference program, or other supporting documentation including which meals are included in the registration fee.
- Amazon receipts must be the "Final Details" page not the "Details for Order" page.

## REIMBURSEMENT CAPS

US travel (less than 30 days):

- up \$62 total per day meals and incidentals
- up to \$275 per night lodging

Foreign travel (less than 30 days)

- actual cost up to 100% of per diem. (Click here to obtain per diem rates:  
<http://www.defensetravel.dod.mil/site/perdiemCalc.cfm>)

## GIFT CARDS - Reimbursement and Advances

Any gift card purchases will require an accompanying distribution log (Participant Payment Form) which includes the participant's signature and date of receipt. At the end of the fiscal year or your official project end date, any remaining cards will need to be returned to CSI or you may provide CSI with a check payable to the UC Regents for the monetary value of the balance. If the form is not provided to CSI you will be responsible for the total amount of all gift cards.

If you have questions regarding these instructions, please contact Marcy Ortiz at 805-893-3895 or email [mortiz75@ucsb.edu](mailto:mortiz75@ucsb.edu).