BFTV: REQUEST FOR TRAVEL REIMBURSEMENT

TRAVELER INFORMATION:											
** Non UCD Employee Must Provide Home Address ** Depart: BAE FST TXC VEN											
NAME (LAST, FIRST):						Group			p Leader: Yes	No	
COMPLETE ADDRESS:						MSO			Approval:		
PHONE :	#			EMAIL	EMAIL US				CITIZEN Yes No		
TRIP INFORMATION											
TRAVEL	START	DATE / TIN	IE:			TRAVEL RETURN DATE / TIME:					
DESTINATION AND PURPOSE FOR TRAVEL:											
Campus	nt	Employ	University guest Other								
Do you have a Research Travel Award, use Connexxus Services or a Pre-Trip Payment? Yes No											
Was any of this travel paid with your Corporate Card? Yes No If yes, please indicate those charges below:											
PRIVATE	E CAR IN	IFO		AIRFAR	AIRFARE RE				GISTRATION		
License	plate #			Amount				Amount			
Liability Insurance? Yes No				Paid by	:	Connexxus	Paid by		: Pre-ti	rip payment	
Round-trip mileage											
To From											
DAILY TRIP EXPENSE: Please account for all expenses by date. Attach receipts for any over \$75. If you were hosted by a friend or colleague (ie you stayed at someone's house instead of a hotel) please include the host's name and address below											
							М	ISC.	TOTAL PAID BY:		
DATE	AIRFAR	E MEALS	REG. S FEE	LODGING	MILEAGE	GROUND TRANSPORT	(SPECIFY ITEM OR DETAILS)		CORP. CARD/VISA	PERSONAL	
							Tatal	Daile			
							Total Expe				
Account(s) to Charge: Account Manager Approval:									PI Approval: PI Name:		
UCD Employee Traveler's Signature									Date		
Non-Employee sign below: "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."											
Traveler's Signature									Date		
Host Name and Address or Additional Comments:											