

UC RIVERSIDE – BMPN TRAVEL EXPENSE WORKSHEET

TRIP # T- _____

University of California, Riverside

(Office Use Only)

(Travel Voucher cannot be prepared without the following information)

PLEASE TYPE OR PRINT LEGIBLY

NAME OF PI ASSOCIATED WITH YOUR TRIP: _____

DATE SUBMITTED _____ UCR EMPLOYEE Y ____ / N ____ CITIZENSHIP/VISA TYPE _____

(IF NOT A UCR EMPLOYEE – ATTACH COPY OF VISA – if not a US Citizen)

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ COUNTRY _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

BUSINESS PURPOSE OF TRIP/LOCATION (“Research” or “Meeting” not sufficient - attach meeting/conference information)

TRIP START DATE _____ TIME _____ AM ____ / PM ____

TRIP END DATE _____ TIME _____ AM ____ / PM ____

REGISTRATION \$ _____ PREPAID BY PO: YES ____ / NO ____ OTHER _____ \$ _____

TRANSPORTATION EXPENSES

CHECK VEHICLE(S) USED * Preapproval must be obtained if you are opting to drive instead of fly to your travel destination.

____ PERSONAL CAR LICENSE PLATE # _____ TOTAL MILEAGE _____

____ RENTAL CAR AMOUNT \$ _____ RENTAL CAR GAS RECEIPT(S) \$ _____

____ UNIVERSITY VEHICLE TAXI FEES \$ _____ PARKING FEES \$ _____ OTHER _____ \$ _____

SHUTTLE \$ _____ PAID BY PO: YES ____ / NO ____ AIRFARE \$ _____ PAID BY PO: YES ____ / NO ____

HOTEL/ACCOMMODATIONS

HOTEL _____ DATE(S) _____ \$ _____ PAID BY PO: YES ____ / NO ____

HOTEL _____ DATE(S) _____ \$ _____ PAID BY PO: YES ____ / NO ____

MEALS & INCIDENTALS – (NO PER DIEM - ACTUALS ONLY)

B-BREAKFAST L-LUNCH D-DINNER

DATE _____ \$ _____ B \$ _____ L \$ _____ D DATE _____ \$ _____ B \$ _____ L \$ _____ D

DATE _____ \$ _____ B \$ _____ L \$ _____ D DATE _____ \$ _____ B \$ _____ L \$ _____ D

DATE _____ \$ _____ B \$ _____ L \$ _____ D DATE _____ \$ _____ B \$ _____ L \$ _____ D

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DATE _____ \$ _____ B \$ _____ L \$ _____ D DATE _____ \$ _____ B \$ _____ L \$ _____ D

FAU'S TO CHARGE(UCR only): ACTIVITY FUND FUNCTION COST CENTER PROJECT CODE AMOUNT / %

FAU #1 _____

FAU #2 _____

LIST OTHER FUNDING RECEIVED TO HELP PAY TRAVEL EXPENSEES-AMOUNT(S) AND SOURCE(S)

NOTES: _____

PLEASE EMAIL SCANNED COPIES OF RECEIPTS ALONG WITH THIS DOCUMENT TO:

joann.braga@ucr.edu, sarah.acrey@ucr.edu and nancy.ferguson@ucr.edu

OR MAIL ORIGINAL ITEMIZED RECEIPTS WITH THIS FORM TO: UC Riverside - BMPN Admin 3401 Watkins Dr - 1463 Boyce, Riverside, CA 92521

(DUE NO LATER THAN 10 DAYS AFTER TRIP – ORIGINAL, ITEMIZED RECEIPTS REQUIRED)