

## **EARTH RESEARCH INSTITUTE**

Travel Voucher worksneet								
Name:			Project(s) to charge:					
Contact Number:			Email Address:					
D		Check mailing address:						
If available, do you want dire	ct deposit: Yes	No						
Home Institution:			TI G GUI	<u> </u>	Vos No			
Initial Departure Locati			U.S. Citizen? Yes No  If <u>not</u> a U.S. Citizen attach a copy of your VISA/Passport ( <u>non</u> -UC employees only).					
Destination:			UC Employee? Yes No					
Purpose of Trip:								
Itinerary	Date	Time			Date Time			
Exact date & time of departure (from home):	@		Exact date & time of arrival (at destination	(e) (e)				
Exact date & time of departure (from destination)	: @		Exact date & time of arrival (at home):	e (a)				
If your itinerary is more complex, e.g. spent time at several sites, please use the back of this sheet to write it out in the same format as above or attach a separate sheet.								
Any personal tin	ne taken on this trip?	Yes	No If yes, date	es:				
Expenses	Options	Amount to	reimburse					
Meals & Incidentals	Actual amount spent: Please use back of sheet.	\$		Maximum allowed rate is: \$92 per 24 hours (Domestic rate, call your Travel Assistant for foreign rates)				
Lodging	Hotel (Itemized receipt is required)	\$		Did you share a room?				
Transportation	Airfare: (Receipt is required*)	\$		Paid by <i>ERI</i> or <i>Traveler</i> ? (Select one) (Receipt required even if paid by ERI)*				
Total Expenses	Private car use Reimbursed at \$0.70/mile Mileage log required. (Rate subject to change)	Total miles driven: Liability Insurance?		License plate #: <b>REQUIRED</b> if claiming mileage or gas (for personal vehicle only). Can only claim one: gas <i>OR</i> mileage.				
	Other Vehicle:  UC Rental Car	\$		Gas: \$ Parking: \$				
	Train/Bus (Receipt is required)	\$		Tolls: \$	Porterage: \$			
	Taxi/Other	\$		If not all receipts available, # of trips:				
Other	Registration	\$	Internet Access: \$ Excess Baggage: \$		Excess Baggage: \$			
	Supplies	\$	Phone/Fax: \$ Other (Please explain.) \$		Other (Please explain.) \$			
Are you being reimburs What are they reimbursing	•		□ No If yes, w	hat source.				
Did ERI <u>advance</u> you m	noney for expense or p			Amour	nt Advanced: \$			
(If you did not receive an advance, please enter 0)  Amount due to Traveler, or due to UC: \$  Amount to pay UCSB Corporate card: \$								
(If paying back money, indicate with a minus or leave blank)			(Amount you want ERI to pay directly to your UCSB Corporate card.)					
TRAVELER'S			APPROVAL		Traveler cannot sign as approval.			
SIGNATURE:			SIGNATURE:					
CLAIMED DO N UNIVERSITY BU	THE ABOVE IS A TRUE STATEMENT, THA OT INCLUDE ALCOHOL AND WERE INCU SINESS ON THE DATES SHOWN, AND TH	RRED BY ME ON OFFICIAL HAT I HAVE ATTACHED ORIGINAL	(Not same as Traveler) Nam	e & Title:				

Please indicate by date the <u>actual</u> amounts spent for Breakfast, Lunch, Dinner and any Incidentals.

Please keep in mind that the allowed <u>MAXIMUM is \$92</u> for each 24 hour period (domestic rate). Foreign rate will vary depending on city and country.

I hereby certify that I am not requesting reimbursement for any alcohol purchased on this trip.

DATE	BREAKFAST	LUNCH	DINNER	INCIDENTALS	(FOR ERI USE)
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

Initial Departure Location:		Initial Departure Dat	e:	Initial Departure Time:				
		Arrival Date	Arrival Time	Departure Date	Departure Time			
Location 1:								
Location 2:								
Location 3:								
Location 4:								
Final Arrival Location: Final Arrival Date: Final Arrival Time: IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET  PLEASE E-MAIL COMPLETED ELECTRONIC WORKSHEETS ALONG WITH RECEIPTS TO:								
ERI Travel (Travel@eri.ucsb.edu)								
**We will not accept printed paper documents, only electronic**								
Special notes	to voucher preparer:							