

# POST TRAVEL EXPENSE

Traveler's Name: \_\_\_\_\_  
 Traveler's Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

For Office Use Only      AP Review:    YES      NO  
 Trip Number: \_\_\_\_\_      Date: \_\_\_\_\_  
 Document # \_\_\_\_\_  
 Date Due: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_  
 Vendor#/@ \_\_\_\_\_

Destination(s) \_\_\_\_\_  
 Purpose of Travel \_\_\_\_\_  
 Departure Date: \_\_\_\_\_  
 Return Date: \_\_\_\_\_

Traveler's Status  
 U.S. Citizen:    Yes      No  
 Foreign: Visa Type \_\_\_\_\_  
 UC Student Campus \_\_\_\_\_  
 UC Employee Campus \_\_\_\_\_

Payments Made To/Or On Behalf Of Traveler  
 Enter all payments made on behalf of the traveler:  
 Airfare \_\_\_\_\_  
 Reg Fee \_\_\_\_\_  
 Lodging \_\_\_\_\_  
 Total \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Enter cash advances from UCSC

If traveler chooses to include personal travel, record times/dates based only on the business portion of the trip. Provide explanation of personal travel.

**NOTE: Only Enter Numerical Values**

Description of Expense	Date	Date	Date	Date	Date	Date	Date	TOTAL EXPENSE	COMMENTS
Airfare *									TO/FR:
PC Mileage 57.5 per mile (1/1/15)									TO/FR:
Rental Car * (excludes insurance)									TO/FR:
Other Transportation									TO/FR:
Parking/Tolls									TO/FR:
Conference Registration *									
Lodging * (Room & Tax Only)									
Meals & Incidentals									
Foreign Per Diem									
Long Term									
Miscellaneous (explain)									
**Totals from additional pages									
<b>TOTALS:</b>									

Claim ACTUAL costs for meals/incidentals, up to \$71

Less Payments on behalf of Traveler \_\_\_\_\_  
 Less Cash Advance \_\_\_\_\_  
 Due to Traveler or <Due to Regents> \_\_\_\_\_

**\* Must submit original receipts. \*\* Use additional forms for further expenses and explanations**

Traveler's certification: I certify that the above is a true statement, that the expenses claimed were incurred by me while on official University business on the dates shown, and that I have attached original receipts for each expense of \$75.00 or more, as required by University policy. I certify that I have complied with California's auto liability insurance law while operating my personal automobile on University business.

Fund	Org	Account	Activity	Amount

Traveler's Signature - Required

PI or Other Authorizing Signature

Authorized Funding Signature and Date

Please Provide Funding Source, Sign and Date

Reset Form

Print Form

**Important:** Form must be filled out in [Adobe Reader](#) or Acrobat Professional 8.1 or above. To save completed forms, Acrobat Professional is required. For technical and accessibility assistance, contact the [Campus Controller's Office](#).

**Before You Start: Select at least one item below to simplify the form - Read page 3 before proceeding.**

Required:  
Dept Contact Name: \_\_\_\_\_

Filing as Individual / Sole Proprietor  Check if California resident  
 Filing as Business / Other  Check if updating Individual / Sole Proprietor information

**Section 1: Business and Personal Information**

Not Applicable

Person or Sole Proprietor - Enter full name here (Last, First, MI) - Include DBA if applicable  
 Permanent Remittance (Address (if different from Business Address) *Required*)  
 City, State and Zip code  
 (Optional) UCSC Campus Mail Stop (Complete ONLY after providing Permanent Address)

Email: \_\_\_\_\_  
 Phone # \_\_\_\_\_

**Section 2: Payee's Entity Type (Company or Person) Check One Box Only**

Not Applicable

PERSONS

UCSC Employee  Employee or Student (other UC campus)  
 UCSC Student  Other Person (no UC affiliation)  
 Sole Proprietor

**Section 3: Activity and Payment Terms**

Not Applicable

Reimbursement  Non-Employee Compensation  
 Travel  Other (Specify) \_\_\_\_\_  
 Prizes / Awards

**Section 4: Payee's Taxpayer I.D. Number (FEIN or SSN) Required in order to process payment**

Social Security number for individual/Sole Proprietor (FEIN if tax reporting using DBA)

Not Applicable

Individual (SSN) - Sole Proprietor (SSN/FEIN)

**Section 5: Payee's Citizenship and Residency**

Are you a United States citizen? Yes  No  Are you a Foreign Permanent Resident? Yes  No

Foreign Visitors: [https://financial.ucsc.edu/Pages/Payments\\_ForeignNationals.aspx#requiresEad](https://financial.ucsc.edu/Pages/Payments_ForeignNationals.aspx#requiresEad) If yes, attach a copy of your Resident Alien (green) card

**Section 6: Tax Withholding Information - Services performed by non-residents may be subject to California Tax withholding**

Yes  No Are you registered in California for tax purposes? If yes, attach Waiver of State Withholding from Franchise Tax Board  
 Yes  No Are services performed in California? If yes, what % of the services are performed in CA? \_\_\_\_\_

**Section 7: Business Information**

Not Applicable

**Section 8: Certification and Required Signature: Print and Sign - Electronic signatures not accepted**

I hereby certify under penalty of perjury that the information provided is true and correct. Promptly inform the University of residency status changes.

Payee Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Section 9: Submit Information:**

Employees and Students: Use campus mail: Dept. FAR.  
Offsite Vendor: Mail original to: UCSC, 1156 High St., Attn: Accounting Office, Santa Cruz, CA 95064.

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