SSLEEC
UNIVERSITY OF CALIFORNIA, SANTA BARBARA

DEPARTMENT TRAVEL REIMBURSEMENT WORKSHEET

Name of Traveler: ____

Funds to be Used: ____

Destination City: _________________________ Dates of Trip __________________________

Business Purpose of Trip: ____

Category	Amount	Notes
Meals & Incidentals	$______________	submit meal log in place of receipts. list actual amounts even if daily total exceeds $92.
Lodging	$______________	lodging limit justification form required if room rate exceeds $333/night.
Airfare	$______________	
Registration	$______________	
Transportation		
Parking	$______________	
Train/Bus	$______________	
Taxi/Rideshare	$______________	
Car Rental	$______________	
Car Rental Fuel	$______________	
Mileage		
Personal Car Mileage	License Plate	___________ Insured ☐Yes ☐No
current reimbursement is 70 cents/mile	Starting Address	_________________________________
Round Trip ☐Yes ☐No	Ending Address	_________________________________
Miscellaneous		
______________________	$______________	
______________________	$______________	

Declaration of Missing Evidence Form required for missing receipts over $50. Each missing receipt requires its own form (individual meal receipts included).

Exceptional Approval Form required for items out of policy. Example: airfare at a class other than economy or car rental larger than intermediate.

Allowable amounts for meals & incidentals and lodging varies in Alaska, Hawaii and internationally.

Revised: 1/1/25