

# NRS Travel Voucher Worksheet

Name: \_\_\_\_\_

Project(s) to charge: \_\_\_\_\_

Ext.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Dept.: \_\_\_\_\_

Home address: \_\_\_\_\_

UC Employee ID (8 digits): \_\_\_\_\_

If available, do you want direct deposit:  Yes  No

Trip Number: \_\_\_\_\_  
(Web Vouchers, NRS use only)

U.S. Citizen?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Destination: \_\_\_\_\_

If No, Visa Status \_\_\_\_\_  
Attach a copy of your I-94 card, non-UCSB only.

Purpose of trip: \_\_\_\_\_

## Itinerary

Exact date & time of departure (from home): \_\_\_\_\_ @ \_\_\_\_\_ AM/PM

Exact date & time of arrival (at destination): \_\_\_\_\_ @ \_\_\_\_\_ AM/PM

Exact date & time of departure (for home): \_\_\_\_\_ @ \_\_\_\_\_ AM/PM

Exact date & time of arrival (at home): \_\_\_\_\_ @ \_\_\_\_\_ AM/PM

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 time taken on this trip?  YES  NO If yes, dates: \_\_\_\_\_

Expenses:	Options	Yes/No	Amount to reimburse	Notes
Food:	Actual amount spent: Please use back of sheet.		\$	<b>Maximum allowed rate is: \$62 per 24 hours (domestic rate) or call x8078 for foreign rates</b>
Travel via:	Airfare (Receipt is required*)		\$	Paid by NRS or Traveler? (Circle one) <b>(Receipt is required even if paid directly by NRS)*</b>
	Private car use Reimbursed at \$0.56/mile  <b>Attach a copy of map that shows the route and miles you drove: REQUIRED</b>		Total miles driven:  <b>Do you have a Liability Insurance?</b> Yes No	<b>License plate #: REQUIRED</b> if claiming mileage or Gas (personal vehicle only).
	Other Vehicle: ( ) UC ( ) Rental		\$	Gas: \$                      Parking: \$
	Train/Bus (Receipt required)		\$	Tolls: \$                      Portage: \$
	Taxi or Ferry (boat) (Circle the appropriate one)		\$	If not all receipts available, # of trips
Lodging:	Hotel** (Itemized receipt is required)			Did you share a room? ( ) Yes ( ) No With whom?
<b>**FOR HOTEL: CREDIT CARD CARBON COPIES OR STATEMENTS ARE NOT ACCEPTABLE. IF ITEMIZED RECEIPT IS NOT AVAILABLE, PLEASE CONTACT THE HOTEL AND REQUEST A FAX COPY BE SENT TO NRS. REIMBURSEMENT WILL NOT OCCUR UNTIL COPY IS OBTAINED. Thank you.</b>				
Miscellaneous:	Registration (Receipt is required)		\$	Abstract Fee: \$
	Supplies (Receipts required)		\$	Phone/Fax: \$
	Other Please explain.		\$	Excess Baggage: \$

Are you being reimbursed from any other source?  Yes  No If so, what source: \_\_\_\_\_

What are they reimbursing you for and how much? \_\_\_\_\_

Was a Travel Advance issued for this trip:  YES  NO \$ \_\_\_\_\_ (Yes, if registration or airfare was paid directly by NRS)

Amount requested as reimbursement: \$ \_\_\_\_\_  
(if paying back money, indicate with a minus or leave blank)

Amount to pay UCSB Corporate card: \$ \_\_\_\_\_  
(Amount you want NRS to pay directly to your UCSB Corporate card.)

**Traveler cannot sign as approval.**

**TRAVELER'S SIGNATURE:** \_\_\_\_\_

**APPROVAL SIGNATURE:** \_\_\_\_\_

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.

Name & Title:

**REIMBURSEMENT WILL NOT OCCUR UNTIL APPROPRIATE RECEIPTS ARE SUBMITTED TO NRS.**



