

BRIEF GUIDELINES FOR TRAVEL REIMBURSEMENT BY UCSC

This packet includes a UCSC travel form and instructions for completing the form.

A Payee Setup Request (ie 204) form is also included, along with instructions for completing the form. This form is used to add vendors to the UCSC database. Therefore, if you have never been reimbursed by UCSC for travel expenses, you should complete and sign the form. Also, please complete the Vendor Electronic Funds Authorization Form and attach a voided check if you want to receive your reimbursement electronically.

If you are not a US citizen, you will need to submit a copy of your I-94 form and the signature page of your passport with the 204 form.

Briefly, original receipts are required for:

- 1) Airfare. You must fly on a US carrier.
- 2) Lodging
- 3) Rental Cars. Insurance for rental cars is **not** reimbursable.
- 4) Any expense that is greater than \$75

Information about reimbursement follows:

1. Mileage reimbursement rates:
 - a. 56.5 cents per mile
2. Rates for Meals and Incidental expenses:
 - a. Claim actual costs for meals and incidentals, up to a maximum of \$71 dollars a day. For the most part, participants in the Observational Astronomy Workshop will not have any costs for meals and Incidentals, except for meals eaten while traveling to and from Mt. Hamilton.
3. Lodging - use actual cost, submit original receipt. Lodging for participants in the Observational Astronomy Workshop should not be included on the post travel form as this expense will be covered for the participants.
4. The rules for the use of personal automobiles in lieu of flying are as follows:
 - a. When a personal vehicle is used, reimbursement is limited to the lesser of the equivalent airfare, plus transportation to and from the airport **or** the actual mileage cost (at 56.6 cents/mile). Reimbursement is limited to the owner of the car and does not increase depending on the number of passengers. An alternative to using a personal automobile is renting a car. Rental costs will be reimbursed (with the exception of insurance) and gasoline purchases will be reimbursed.

Travel forms should be returned to:

Lisa Ellis
UCO/LICK Observatory
Administration
University of California
1156 High Street
Santa Cruz, CA 95064

If you have any questions, please contact Lisa Ellis (831-459-5165), lisa@ucolick.org

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 | COMMENTS |
|-----------------------------------|------|------|------|------|------|------|------|---------|--|
| | | | | | | | | EXPENSE | |
| Airfare * | | | | | | | | | TO/FR: _____ |
| PC Mileage 56.5 per mile (1/1/13) | | | | | | | | | TO/FR: _____ |
| Rental Car * (excludes insurance) | | | | | | | | | TO/FR: _____ |
| Other Transportation | | | | | | | | | TO/FR: _____ |
| Parking/Tolls | | | | | | | | | |
| Conference Registration* | | | | | | | | | |
| Lodging * (Room & Tax Only) | | | | | | | | | |
| Meals & Incidentals | | | | | | | | | Claim ACTUAL costs for meals/incidentals, up to \$71. per day starting 3/1/12 (\$64. per day before 3/1/12). |
| Foreign Per Diem | | | | | | | | | |
| Long Term | | | | | | | | | |
| Miscellaneous (explain) | | | | | | | | | |
| **Totals from additional pages | | | | | | | | | Less Payments on behalf of Traveler Less Cash Advance Due to Traveler or <Due to Regents> |
| TOTALS: | | | | | | | | | |

*** 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.

Traveler's Signature - Required
Sign and Date

 PI or Other Authorizing Signature
Please Provide Funding Source, Sign and Date

| Fund | Org | Account | Activity | Amount |
|------|-----|---------|----------|--------|
| | | | | |
| | | | | |
| | | | | |

 Authorized Funding Signature and Date

Revised: 1/1/32

Post Travel Form Preparation Instructions:

Traveler's Name and Address: use a campus or business address for all travel claims.

Destination and Purpose of Travel: include the destination and purpose of your travel

Departure and Return Times: needed when claiming reimbursement for meals and/or lodging.

Trip Number: assigned by Service Center. Use ONLY if an advance or payments to vendors on behalf of the traveler have been made.

Document Number: BANNER assigned FYAINVE number.

Prepared by: indicate the name and phone number of the person who should be contacted if questions about the claim arise.

Vendor Number: BANNER Vendor/Payee Identification number.

Traveler's Status: Indicate if visitor, student or employee.

Travel Advances Received: List all advances received in the spaces provided. This includes payments that were made on behalf of the traveler such as airline ticket, lodging, conference, registration fees or early reimbursements when a charge card is used.

Airfare: Coach/Economy class airfare rates are reimbursable. Original receipt required.

Private Car: for more than one trip claim include a separate log of trips. Include the dates, to/from trip information, and number of miles per trip. Car license # MUST be provided.

Mileage Reimbursement Rates: 56.5 cents per mile as of 1/1/13

UCO/LICK Round Trip Standard Allowances from Campus:

San Jose Airport \$41.81, Oakland Airport \$77.97, San Francisco \$73.45, Mt Hamilton \$67.80

Rental Cars: Insurance costs and optional charges are not reimbursable. Additional driver charges will be reimbursed if the additional driver is a UCSC employee. Campus-wide contract information is now available via internet. These vendors may include free insurance. **Original Receipts Required.**

Other Transportation: Indicate the type of transportation and cost.

Parking Tolls: Indicate the dates and amount incurred.

Conference/Registration: Indicate in the comments section if any meals were provided by the conference. Do not include the cost of social activities/events sponsored by the conference. Original Receipt is required.

Lodging: Include room and occupancy tax. Phone charges in association with business must be categorized as "Misc. Expense." RECEIPTS & FOLIO ARE ALWAYS required regardless of the amount.

Meals & Incidentals: List meal costs by day. Meals and incidentals must not exceed \$71 per day for domestic travel unless trip is long term (more than 30 days). Long term allowance available from service center. Rates effective 10/1/06..

Reimbursement of travel meal & inciental expenses for business trips of less than 24 hours is allowable only if an overnight stay is involved,

Policy effective 9/1/08

Foreign per Diem: Indicate the country, the dates and number of days within the country in the comments section or on an attachment. Reimbursement is based upon published federal rates. Exchange and per diem rates are available from the Service Center.

Misc. Expenses: detail any reimbursable expenses which do not fit into the above categories.

Comments: Use this section to record any relevant information -- exchange rates, exceptions to policy, explanation of misc. or unusual travel arrangements, no receipt available, etc. If more room is needed you may add an attachment.

Amount Due to Traveler: Total expenses less any cash advances or prepayments to vendors. When total expenses are less than advances received and should be recorded in <brackets> as payable to UC Regents. Attach a check made payable to UC Regents.

Amount Due to Regents: When total expenses are less than advances received and should be recorded in <brackets>. Attach a check made payable to UC Regents.

Travelers Certification: Traveler must read clause and sign form.

Funding Authorization: Signature of individual with authorization to expend funds against the FOAPAL.

Other Officer Authorization: Can be used for PI, other funding units, or Senior Officer for request which do not comply with policy.

Original Receipts are required for the following expenses:

Original Airline ticket

Local transportation costing more than \$75.00, excludes private car usage

Rental Cars

All individual expenses of \$75.00 or more

All lodging (detailed folio required)

Conference Reigstation or Registration Fees