

MECHANICAL ENGINEERING REIMBURSEMENT WORKSHEET

Submit completed form along with all original itemized receipts to your travel processor

Name: _____ Date: _____
 Phone: _____ E-mail Address: _____
 UC Employee: Yes No

ATTN: Louis Sandoval

Account (FAU) to be charged: _____

PI Approval: _____

Entertainment check request	Location of Event _____	Number of Participants _____
	Name/Title of Participants including occupation and affiliation _____	Purpose of Meeting: _____
	1. _____	Breakfast \$ _____
	2. _____	Lunch \$ _____
	3. _____	Dinner \$ _____
	4. _____	Light Refreshment \$ _____
5. _____	Other \$ _____	TOTAL : \$ _____

Non-payroll check request	Vendor Name _____	
	Vendor Address _____	
		<u>Items purchased</u>
	1. _____	3. _____
	2. _____	4. _____
	Explanation _____	
		TOTAL : \$ _____

Travel Reimbursement	Destination: _____	
	Purpose of Travel: _____	
	Initial Departure Date: _____	Return Date: _____
	Initial Departure Time: _____	Return Time: _____
	Was there any personal time during this trip? No Yes From: _____ To: _____	
	TRANSPORTATION	
	Airfare: \$ _____ RT Paid for by: Credit Card Charged to Department(Prepaid on PO) Paid by Host Agency	
	Private Car Mileage: _____ License Plate #: _____	Check here to confirm your liability insurance
	Rental Vehicle: \$ _____	UC Vehicle: Yes No
	Rental Vehicle Gasoline: \$ _____	
	Taxi/Bus: \$ _____ Train: \$ _____ Other: \$ _____ Parking: \$ _____	
	MEALS	
	Actual amount spent on meals per day: _____	1) \$ _____ 4) \$ _____ 7) \$ _____
	You may claim up to \$71 per day(or designated pre-approved amount)	2) \$ _____ 5) \$ _____ 6) \$ _____
		3) \$ _____ 6) \$ _____ 9) \$ _____
LODGING		
Did you share a room? Yes No If so, with whom? _____		
Number of nights: _____ Rate: \$ _____ Tax: \$ _____ Other: \$ _____		
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INCIDENTAL		
Registration: \$ _____ Tele/Fax: \$ _____ Other (explain)\$ _____ Business Expenses: \$ _____		
	TOTAL : \$ _____	

Comments: _____

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. X

For ME Use
Received _____
Dept Approval _____
ME Entry _____