

PSYCHOLOGY TRAVEL VOUCHER INFORMATION

SUBMIT WITHIN 21 DAYS OF EVENT. **ATTACH ALL ORIGINAL RECEIPTS**

DATE: _____ NAME: _____ INDEX CODE: _____

EMPLOYEE ID: (OR SOCIAL SECURITY#, IF NOT A UC EMPLOYEE): _____

MAILING ADDRESS: _____

NAME OF EVENT AND REASON FOR ATTENDING: _____

TRAVEL TO: _____

DAY OF DEPARTURE : _____ TIME OF DEPARTURE: _____

DAY OF RETURN: _____ TIME OF RETURN: _____

HOTEL, Number of Days: _____ Paid with UC travel card _____

AIRFARE, Original Receipts Required: _____ Paid with UC travel card _____

DOMESTIC TRAVEL, MEALS & INCIDENTALS: Number of Days Claimed _____

_____ 1. If you are claiming less than \$64 per day, provide either itemized receipts, credit card statement, or a log of your expenses.

_____ 2. If you are claiming \$64 per day, please provide itemized receipts for all expenses.

OR, FOREIGN PER DIEM: Location(s) & Number of Days Claimed _____

REGISTRATION FEE: _____ Paid with UC travel card _____

AUTO RENTAL: _____ Paid with UC travel card _____

AUTO MILEAGE: _____ Taxi, Shuttle, Parking, Gas, Telephone, Other Miscellaneous Items: _____

_____ Paid with UC travel card _____

Receipts are required if any amount exceeds \$75 per day

FOREIGN TRAVELERS ONLY: Visa type, country of residence, and visa waiver, if applicable: _____

TRAVELER'S SIGNATURE:

652000: Travel, in state
652010: Travel, in state: conferences
652011: Travel, in state: recruitment
652700: Removal and moving expense
652900: Travel, U.S.: out of state

652901: Foreign: Canada and Mexico
652902: Foreign
652903: Foreign: Non-UC employees
652910: U.S.: out-of-state conference
652911: U.S.: out-of-state recruitment

NOTES

