

Travel Reimbursement Request

Date: _____

Name: _____

Social Security No.: _____

City of Residence: _____

Department: _____

Account No.: _____

Reimbursement to: Traveler Yes / No Corp Card: _____ Other: _____

Corp Card Number

WAS AIRFARE CHARGED TO CTS ? Yes / No

TRAVEL ADVANCE? Yes / No

Per Diem? Yes/No Mileage: If yes, provide license plate number and miles driven: _____

Purpose of Travel: _____

Departure

Date	Time	Location

Return

Date	Time	Location

Please provide complete home address if not UCD Employee:

Traveler's signature: _____

NOTE: **Original receipts required for all reimbursements. Itemized receipt required for lodging. Examples: Lodging, Meals, Transportation, Parking, Rentals, Registrations, Miscellaneous ** Please complete a "Lost Document" form for any missing receipts.

Department Approval Required

Director's signature: _____

Date _____

Entered: _____

Total Reimbursement: _____

DaFIS TEV Document # _____