

MSI Travel Voucher Worksheet

Name: _____

Project(s) to charge: _____

Ext.: _____

E-mail address: _____

Dept.: _____

Home address: _____

(only if check to be mailed here)

If available, do you want direct deposit: Yes No

Trip Number: _____
(Web Vouchers, MSI 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.	Maximum allowed rate is: \$50 per 24 hours (domestic rate) or call x8078 for foreign rates
Travel via:		Airfare (Receipt is required*) \$	Paid by MSI or Traveler? (Circle one) (Receipt is required even if paid directly by MSI)*
		Private car use Reimbursed at \$0.36/mile Total miles driven: <input style="width: 50px;" type="text"/>	License plate #: REQUIRED if claiming mileage or Gas (personal vehicle only). <input style="width: 50px;" type="text"/>
		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? (Use back of page)

****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 MSI. REIMBURSEMENT WILL NOT OCCUR UNTIL COPY IS OBTAINED. Thank you.**

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 MSI)

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

TRAVELER'S SIGNATURE: _____

APPROVAL SIGNATURE: _____

Name & Title: _____

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 OF \$75 OR MORE, AS REQUIRED BY UNIVERSITY POLICY.

REIMBURSEMENT WILL NOT OCCUR UNTIL APPROPRIATE RECEIPTS ARE SUBMITTED TO MSI.

Please indicate by date the actual amounts spent for Breakfast, Lunch, Dinner and any Incidentals.

Please keep in mind that the allowed **MAXIMUM is \$50** for each 24 hour period (domestic rate).

Foreign rate will vary depending on city and country, please call x8078 for foreign rates.

<u>DATE:</u>	<u>BREAKFAST:</u>	<u>LUNCH:</u>	<u>DINNER:</u>	<u>INCIDENTALS:</u>	Total (MSI USE)
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.

PLEASE RETURN COMPLETED WORKSHEETS ALONG WITH RECEIPTS TO:

**Marisol Hernández
Marine Science Institute
Trailer 338 / UCSB
University of California
Santa Barbara, CA 93106**