WCPS TRAVEL REPORT FORM

Name		Date				
Social Security No	Security No		Email		Phone	
Mailing Address						
Purpose of Travel						
Departure Date		Time				
Return Date		Time		Advance Number		
	Receipt 1	Receipt 2	Receipt 3	Receipt 4	Total	
Airfare ¹						
Lodging ¹						
Registration ¹						
Rental Car ¹						
Taxi, Bus, Train ²						
Taxi, Bus, Train ²						
Other (explain) ^{1,2}						
Mileage ³		Rate	License #			
Meals - U.S. ⁴	Mo/Day					
	Amount					
leals - Foreign (or Per Diem) ⁵				(City / Cou	ntry)	
	No. of Days	Rate				
	City / Co				ntry)	
	No. of Days	Rate				
			Total Rein	nbursement Due		
nstructions				-	B	

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- 1. Attach all original travel related receipts, (i.e. airline ticket w/ ticket no., hotel folio, rental car receipt, conference registration form and receipt).
- 2. Ground transporation, reciept not required if under \$75.00
- 3. Mileage Rate is \$0.55 cents/mile. License plate number required.
- 4. U.S. Meal maximum daily limit is \$64.00, actual expenses-- ITEMIZED RECEIPTS REQUIRED.
- 5. Published Per Diem rates may be used for Foreign travel, meals and/or Lodging, if not reimbursing from actual receipts.

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, that I have attached original receipts as required by UC Policy.

Traveler Signature:		Date:	
Charge Account/Fund #			
PI / Supervisor Approval		Date	
	(signature)		