

**UC HASTINGS COLLEGE OF THE LAW  
TRAVEL REIMBURSEMENT FORM**

<b>Section A. Traveler Information (Please Print or Type)</b>										
Name (Last, First)					Mailing Address (Street, Apt #, City, State, Zip)					
Social Security Number			Office Telephone Number		Department Name/Office Number			Position		
<b>Section B. Transportation Costs</b>								<b>Section C. Registration Fees</b>		
Shuttle/Parking/ Taxi/Tolls (1)	Airfare (2)		Other Modes (3)		Private Car (4) (Note: A current authorization form must be on file. See instructions for more information.)		Total Transportation Costs (5)		Prepaid by College (6):	Paid by Traveler (7):
\$	\$	Type Code:	\$	Miles Driven:	\$	License Plate #:	\$	\$	\$	
<b>Section D. Trip Information and Daily Expenses</b>								<b>Section E. For Fiscal Use Only</b>		
Departure Date (8):		Return Date (9):		Departure Time (10):		Return Time (11):				
Date (12) (MM/DD/YY)	Location (13) (City and State)	(Prepaid or Traveler Paid) Lodging (14)	Meals (15)	Business Expense (16):	NR Business Expense (17):	Total Daily Expenses (18):				
		\$	\$	\$	\$	\$				
		\$	\$	\$	\$	\$				
		\$	\$	\$	\$	\$				
		\$	\$	\$	\$	\$				
		\$	\$	\$	\$	\$				
		\$	\$	\$	\$	\$				
		\$	\$	\$	\$	\$				
<b>Total:</b>		\$	\$	\$	\$	\$				
<b>Section F. Cost Center Distribution</b>				<b>Section G. Reimbursement Calculation</b>						
Account Number (19a)		Amount (19b)		(21) Total Gross Expenses:		\$				
		\$		(22) Less Prepaid Transportation:		<\$ >				
		\$		(23) Less Prepaid Registration:		<\$ >				
		\$		(24) Less Prepaid Hotel:		<\$ >				
		\$		(25) Less Travel Advance:		<\$ >				
<b>TOTAL(20):</b>		\$		(26) Total Reimbursement/Amount Owed:		\$				
<b>Section H. Purpose of Trip</b>				<b>Section I. Check Disposition</b>						
				Please check either "mail" or "pick-up". If no disposition method is indicated, the check will be mailed to the above address.						
				Mail: _____ Pick-Up: _____ E-Check: _____						
				Please call _____ at ext., _____ when check is available.						
<b>Section J. Authorization</b>				<b>Section K. Certification</b>						
Signature of Officer/Supervisor Approving Payment:				I certify that the above is a true statement of the travel expenses I incurred in accordance with existing travel policies of the College and that all items shown were for official College business.						
Signature		Date		Traveler's Signature		Date				

White: Fiscal Services

Yellow: Fiscal Services

Pink: Employee

Goldenrod: Budget Manager