## Travel Expense Voucher

**University of California Irvine**

**TRAVEL EXPENSE VOUCHER**

### VENDOR #

**NAME AND ADDRESS:**

(First, Last, Initial)

**VEHICLE LICENSE NO.:**

**DOES CAR USED HAVE LIABILITY INSURANCE?**

- [ ] YES
- [ ] NO

**PURPOSE AND DESTINATION OF TRIP**

**MONTH/YEAR:**

**TIME OF DEP. AND RETURN DAY:**

<table>
<thead>
<tr>
<th>LOCATION WHERE EXPENSE INCURRED</th>
<th>SUBSISTENCE</th>
<th>TRANSPORTATION</th>
<th>MISCELLANEOUS EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COST OF MEALS</td>
<td>COST OF LODGING</td>
<td>COST OF MILEAGE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TYPE</td>
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</tbody>
</table>

**PRIVATE CAR COST:**

- [ ] ININCURRED MEALS
- [ ] MILEAGE
- [ ] LIABILITY INSURANCE

**ACCOUNTS TO BE CHARGED**

<table>
<thead>
<tr>
<th>LOC</th>
<th>ACCOUNT- Cost Ctr.</th>
<th>FUND</th>
<th>PROJECT</th>
<th>SUB/OBJ</th>
<th>SOURCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**ADVANCES**

<table>
<thead>
<tr>
<th>AIRFARE</th>
<th>REG. FEE</th>
<th>HOTEL</th>
<th>MEALS</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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</tbody>
</table>

**TOTAL EXPENSES**

- [ ] BALANCE DUE
- [ ] PAY VISA DIRECTLY

**BALANCE REMAINING**

- [ ] REIMBURSE TRAVELER
- [ ] REFUND UC REGENTS

**PREPARED BY**

<table>
<thead>
<tr>
<th>DEPT/ZO</th>
<th>PHONE</th>
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</thead>
<tbody>
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</tbody>
</table>

**REMARKS (ATTACH ADDITIONAL PAGES IF NECESSARY)**

**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, AND UNDERSTAND THE PRIVACY NOTIFICATION.**

**TRAVELER'S SIGNATURE**

**DATE**

**APPROVED FOR PAYMENT (Signature)**

**DATE**

**EXCEPTIONAL APPROVAL FOR PAYMENT (Signature)**

**DATE**

**NAME (Typed)**

**TITLE**

**EXCEPTIONAL APPROVAL NAME (Typed)**

**TITLE**
University of California Irvine TRAVEL EXPENSE VOUCHER

INSTRUCTIONS

REF/TRIP #: The 6-digit Trip Number prefixed by 9T for campus departments, 9H for UCI Medical Center departments or UCI- for the Travel Reference Number.

CITY OF RESIDENCE: The name of the city the traveler lives in.

DATE: The date the form was prepared.

US CITIZEN: Check appropriately. If NO, enter VISA TYPE and attach copies of traveler's Form I-94 and passport with Visa stamp.

UC EMPLOYEE: Check appropriately. If YES, provide the traveler's social security and employee identification numbers in the space provided. If NO, provide only the social security number of the traveler.

VENDOR #: Provide the PAL Vendor Number if known, otherwise leave blank.

NAME AND ADDRESS: Type the traveler's name in the following format: LAST NAME, FIRST NAME, INITIAL. Do NOT use abbreviations or titles i.e. exclude Mr, Mrs, Ms, MD, PhD. For DEPARTMENTAL addresses, list the department name and then the appropriate ZOT/mail code. Do NOT indicate a city, state or Zip code. For POSTAL addresses, indicate the street number and name, the complete city name, the 2-character state abbreviation, and the complete Zip Code. Do NOT use abbreviations i.e. So. for South nor Univ for University.

VEHICLE LICENSE NO: If a private car was used for official travel, provide the license plate number of the car and check the appropriate LIABILITY INSURANCE option.

PURPOSE AND DESTINATION: Indicate the destination and reason for the travel.

MONTH/YEAR: The month(s) and year(s) that the travel expenses were incurred.

TIME OF DEPARTURE AND RETURN: The time the travel began on the first day of the trip and the time the travel ended on the last day of the trip.

DAY: Each day of the month on which travel expenses were incurred.

LOCATION WHERE EXPENSE INCURRED: Provide City and State or City and Country, etc.

COST OF MEALS: The actual meal costs incurred each day up to the allowable amount.

COST OF LODGING: The actual lodging costs, including taxes incurred each day.

PRIVATE CAR MILEAGE: The total miles driven for each day.

COST OF TRANSPORTATION: Provide the TYPE of transportation used and the cost. When claiming private car mileage, show the cents/per mile rate that was used to determine the cost in REMARKS.

COST OF TRANSPORTATION (cont): Charges for optional insurance on rental cars used in the United States are NOT allowable expenses. When a traveler elects to use surface transportation instead of air-travel, the reimbursement of actual expenses shall not exceed the round-trip air coach ticket rate. If airfare equivalent is used, the source of the airfare quote must be provided in REMARKS. Prior approval by the Chancellor is required to reimburse a traveler for use of a private airplane. Transportation TYPE abbreviations are as follows:

AF - air including connecting helicopter  LO - limousine  
PC - private car  RR - railroad ticket  
RC - rental car  LB - local bus  
UC - university car  IB - inter-city bus  
SC - state car  SC - street car  
TX - taxi  PA - private airplane  
OT - other, describe in REMARKS

MISCELLANEOUS EXPENSES: Original receipts are required for any miscellaneous cost that is $75.00 or greater. Miscellaneous TYPE abbreviations are as follows:

RF - registration fees  MR - rental of meeting room  
PK - parking  EQ - equipment and supplies  
TP - telephone  BT - bridge toll  
FX - FAX  FR - ferry toll  
BG - baggage handling or checking  RT - road toll  
FT - special fees for foreign travel  ME - miscellaneous; describe in REMARKS

UCI DIRECT-PAY AIRFARE: The amount of any directly charged airfare.

TOTALS: The daily expenses from left to right determines the TOTAL cost amount. The TOTAL cost from top to bottom, less DIRECT-PAY AIRFARE, determines the TOTAL EXPENSES.

ADVANCES/TOTAL ADVANCES: List AIRFARE, REG FEE, HOTEL, MEALS and OTHER advance amounts. The sum will appear under TOTAL ADVANCES.

ACCOUNTS TO BE CHARGED: Provide the appropriate accounting data. LOC - '9' for UCI or other as appropriate, ACCOUNT - 6-digit #, Cost Ctr - 2-digit, if applicable, FUND - 5-digit #, PROJECT - 6-digit #, if applicable, SUB/OBJ - 2-digit #/4-digit #, SOURCE - 6-digit #, if applicable; AMOUNT - total to be charged to each accounting line.

BALANCE DUE: TOTAL EXPENSES less TOTAL ADVANCES.

PAY VISA DIRECTLY: Indicate here the amount to be paid, by UCI, directly to your Corporate Visa account.

BALANCE REMAINING: BALANCE DUE less direct payment to VISA. If BALANCE REMAINING amount is positive, check REIMBURSE TRAVELER. If BALANCE REMAINING amount is negative, check REFUND UC REGENTS and attach a personal check to the voucher payable to 'The UC Regents'.

PREPARED BY: The preparer's name, department, zot code and telephone.

TRAVELER'S SIGNATURE: The signature of the traveler is required and certifies that the information on the voucher is correct.
PRIVACY NOTIFICATION

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is mandatory. Disclosure of the social security number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Service Code and with Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act, as amended. The social security number is used to verify your identity. The principal uses of the number shall be to report payments and income taxes withheld to Federal and State governments.

STATE

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply personal information about themselves:

The principal purpose of requesting this information on this form is to report payments for income tax purposes to Federal and State governments, as applicable. University policy and State and Federal statutes authorized the maintenance of this information.

Furnishing all information requested on this form is mandatory - failure to provide such information will delay or may even prevent the payment for which this form is being completed. Information furnished on this form is used by University departments for non-payroll payments, and may be transmitted to the State and Federal governments as required by law.

Individuals have the right of access to this record as it pertains to themselves.