**EPSS TRAVEL EXPENSE REIMBURSEMENT FORM**

**DATE SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RECHARGE ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNIVERSITY ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESTINATION AND PURPOSE OF TRIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOMESTIC TRAVEL DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOREIGN TRAVEL DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Time Depart Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Depart Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Time Arrive Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Arrive Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TRANSPORTATION:

**Mileage:** From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total \_\_\_\_\_\_\_\_ x $0.54/mile = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Airfare:** From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\*NOTE: original passenger receipt/ticket stub or e-ticket itinerary required for air travel*

**Car Rental, Gas** ……………………………………………………………………………………………………………………. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* NOTE: original, itemized receipts required; car rental insurance is not a reimbursable expense for domestic rentals (insurance covered by UC contract)*

**Taxi, Parking, Tolls, Bus, Train and Subway** …………………………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOMESTIC LODGING, MEALS, INCIDENTALS, OTHER EXPENSES:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **LOCATION** | **LODGING** | **MEALS** | **OTHER (regist./phone/supplies, etc.)** |
|  |  | $ | $ | $ item:  |
|  |  | $ | $ | $ item:  |
|  |  | $ | $ | $ item:  |
|  |  | $ | $ | $ item:  |
|  |  | $ | $ | $ item:  |
|  |  | $ | $ | $ item:  |
|  |  | $ | $ | $ item:  |
|  |  | $ | $ | $ item:  |
|  |  | $ | $ | $ item:  |
|  |  | $ | $ | $ item:  |
|  |  | $ | $ | $ item:  |
|  |  **SUB-TOTALS** | **$** | $ | **$**  |

**EXPENSES TOTAL:** **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*LODGING: original ITEMIZED hotel receipts required (not credit card receipt only)*

*MEALS: overnight stay required for meal reimbursement; domestic cap is $74/day and no receipts needed if claim actual expenses only (NOTE: if you claim $74 max every day, you should keep receipts on file in case of audit).*

*OTHER: for registration and any misc. expenses over $75, provide itemized receipt AND proof of payment.*

 TOTAL TRIP REIMBURSEMENT REQUESTED: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS: ATTACH ALL RECEIPTS IN CHRONOLOGICAL ORDER, BY CATEGORY, ON 8.5X11 SHEETS. SUBMIT RECEIPTS TO EPSS MAIN OFFICE ASAP, NO LATER THAN TWO WEEKS FOLLOWING RETURN FROM TRAVEL.

**FOREIGN ITEMIZED TRAVEL EXPENSE**

 *NOTE: The per diem rate for foreign travel begins upon arrival at the destination and ends upon departure, so please note Arrival and Departure times at each foreign location.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE**  |  **ARRIVAL TIME** | **DEPART TIME** | **CITY - COUNTRY** | **LODGING** | **MEAL(S)**  |  **OTHER (ITEMIZE)** |
|  |  |  |  | **$** | **$** | **$ item:**  |
|  |  |  |  | **$** | **$** | **$ item:**  |
|  |  |  |  | **$** | **$** | **$ item:**  |
|  |  |  |  | **$** | **$** | **$ item:**  |
|  |  |  |  | **$** | **$** | **$ item:**  |
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|  |  |  |  | **$** | **$** | **$ item:**  |
|  |  |  |  | **$** | **$** | **$ item:**  |
|  |  |  |  | **$** | **$** | **$ item:**  |
|  |  |  |  **TOTAL** | **$** | **$** | **$** |