

Travel Voucher Worksheet for NCEAS Residents

National Center for Ecological Analysis and Synthesis

Name _____

Purpose and Destination of your trip: To represent NCEAS at _____

E-mail Address _____ @nceas.ucsb.edu **Home Institution** UCSB/NCEAS

Mailing Address (If other than NCEAS.) _____

Funding Source _____

Yes No Did you receive a **Travel Advance** for this trip? If so, specify amount: \$ _____

Please tell us how you would like your reimbursement paid:

Check Corporate Card Deposit to bank account used for Surepay payroll deposits

Travel Dates

Departure from your home Date (MM/DD/YY) _____ / _____ / _____ Time _____

Return to your home Date (MM/DD/YY) _____ / _____ / _____ Time _____

Personal time (if any) Dates (MM/DD/YY) _____

If you did not travel directly to/from the destination listed above, please explain and attach supporting documents.

Transportation *(Must be accompanied by original receipts.)*

Air (Attach original itinerary or passenger receipt showing proof of payment.) \$ _____

Private car: License plate number _____ Mileage _____

Yes No Does your car have Liability Insurance?

Taxi/shuttle _____

Parking _____

Bus/train _____ Other _____ \$ _____

Lodging and Other Expenses

Yes No Did NCEAS pay the hotel directly for your stay?

If no, at which hotel did you stay? (Provide an itemized bill.) _____ \$ _____

Registration Fees (Attach original receipts.) \$ _____

Meals and Incidentals

Complete the Meal Reimbursement Worksheet (attached). \$ _____

Additional Reimbursement

If you will receive reimbursement from any other sources, please list the organization, what they are reimbursing, and how much? _____

I certify that the expenses claimed above were incurred by me on official University business on the dates indicated.

Signature: _____ Date: _____

Please submit this completed worksheet to the front office within 5 days of your return.

