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.
Meal Reimbursement Worksheet

- List actual dollar ($) amount paid for meals. The maximum allowance is $55.00 per day.
- If you pay for other attendees' meals, do not claim their meals on this worksheet. Ask them to reimburse you directly and claim their expenses on their worksheets.
- UCSB/NCEAS Employees:
  - When traveling outside of Santa Barbara, UCSB/NCEAS employees can claim actual meal expenses (exclusive of alcohol) while on travel status. Receipts for meals are not required for reimbursement.
  - When attending a meal as part of a working group meeting, UCSB/NCEAS employees can claim only lunch and/or dinner expenses. Original, itemized receipts are required for reimbursement. Credit card receipts are not an acceptable proof of payment. If receipts are missing or lost, write to travel@nceas.ucsb.edu for a “Missing Receipt” form. NCEAS cannot guarantee reimbursement without itemized meal receipts.

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TOTAL $_________