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). $ __________________

Estimated Reimbursement (excludes mileage and other reimbursement) $ __________________

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. **Original, itemized receipts** are required for reimbursement. If receipts are missing or lost, write to travel@nceas.ucsb.edu for a “Missing Receipt” form.
  - When attending a meal as part of a working group meeting, UCSB/NCEAS employees can claim only lunch and/or dinner expenses associated with working group meals. **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.

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**TOTAL** $___________