BerkeleyLaw
UNIVERSITY OF CALIFORNIA

TRAVEL REPORT FORM

Rev. 3/12/12

TRAVELER INFORMATION

Traveler's Name:	Employee/Student ID:	*Required for mileage reimbursement* Vehicle License:	City of Residence:	Liability Insurance:	

Address:	BFS Vendor ID (optional)

TRIP INFORMATION

Trip Purpose:

Trip Destination:	Date/time traveler left home/office:	Date/time traveler returned to home/office:

LOCATION EXPENSES - Transportation

DBID airfare	Traveler airfare	BART/Bus	Parking	Mileage	Rail/train	Rental Car	Shuttle	Taxi	Tolls	Other

LOCATION EXPENSES - Miscellaneous

Copying	Fax Computer	Phone	Store Luggage	Meeting Rm Fee	A/V or Equip Fee	Laundry	Passport Visa Fees	Other Int'l Travel Fees	Reg Fee	Other

For international travel only - select the preferred option:

- ☐ Itemize all expenses
- ☐ Itemize lodging with per diem for meals/incidentals
- ☐ Itemize meals/incidentals with per diem for lodging
- ☐ Per diem for both lodging and meals/incidentals

Form prepared by (name and contact info):

DAILY EXPENSES

Trip Dates																	
Breakfast																	
Lunch																	
Dinner																	
Incidentals (tips)																	
Lodging																	

TOTALS

Total Expenses	Trip Advance Amount	ADV #	Reimbursement amount, if different than total expenses:

BU	Account	Fund	Org	Program	Chartfield 1	Chartfield 2	Amount
1							
1							
1							

Chartstring Approver's Signature:

Name of Student Journal *(only if appropriate for this report, use full name or acronym)* :

I certify that the above is true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense of $75.00 or more, as required by University policy.

Traveler's Signature:

Note: Traveler and Approver cannot be the same person, per University policy. See form instructions for more information.