ITEMIZATION OF TRAVEL EXPENSES

Please submit this form, along with receipts and/or canceled checks, to Jillian upon completion of trip. Thank you.

NAME: ____________________________________________________________________________

DATES AND LOCATION OF TRAVEL: ___________________________________________________

PURPOSE OF TRIP: __________________________________________________________________

___________________________________________________________________________________

LAST 4 DIGITS OF TRAVEL CARD (if applicable): _______________________________________

1) AIRFARE: Please attach a copy of the airfare itinerary showing proof of payment.

   Cost: $_________  
   Payment: (Personal credit card, UCSD Travel Card, or Balboa Travel): ________________

   2) GROUND TRANSPORTATION: Please provide receipts and itemize each ground transportation expense separately. If you require additional spaces, please provide information on another sheet of paper. If there is no receipt, please state so.

   Date: _________  
   Cost: $_________  
   Mode: (Bus/shuttle; train; parking; taxi; other) ________________________________  
   Payment: (Cash, personal credit card, or UCSD Travel Card) ______________________

   Date: _________  
   Cost: $_________  
   Mode: (Bus/shuttle; train; parking; taxi; other) ________________________________  
   Payment: (Cash, personal credit card, or UCSD Travel Card) ______________________

   Date: _________  
   Cost: $_________  
   Mode: (Bus/shuttle; train; parking; taxi; other) ________________________________  
   Payment: (Cash, personal credit card, or UCSD Travel Card) ______________________

   Date: _________  
   Cost: $_________  
   Mode: (Bus/shuttle; train; parking; taxi; other) ________________________________  
   Payment: (Cash, personal credit card, or UCSD Travel Card) ______________________
3) **HOTEL:** Please provide an **itemized** hotel statement listing the room rate per night and the total amount paid.

   Payment: (Cash, personal credit card, or UCSD Travel Card) ______________________

4) **MEALS:** Please provide receipts and **itemize** each meal expense separately. If you require additional spaces, please provide information on another sheet of paper. If there is no receipt please state so.

   Date: _________
   Cost: $________
   Payment: (Cash, personal credit card, or UCSD Travel Card) ______________________

   Date: _________
   Cost: $________
   Payment: (Cash, personal credit card, or UCSD Travel Card) ______________________

   Date: _________
   Cost: $________
   Payment: (Cash, personal credit card, or UCSD Travel Card) ______________________

   Date: _________
   Cost: $________
   Payment: (Cash, personal credit card, or UCSD Travel Card) ______________________

5) **REGISTRATION:** Please provide receipt(s). If payment was made by personal check, a copy of the cancelled check is required.

   Cost: $________
   Payment: (Cash, personal credit card, UCSD Travel Card, or personal check) _________

6) **OTHER EXPENSES:** If applicable, please provide receipts(s) for other expenses; this may include internet access, fax, phone and/or supplies. If the internet, fax and/or phone expenses are on the hotel statement, please state so. If payment was made by personal check, a copy of the cancelled check is required.

   Nature of expense: _________________________________________
   Cost: $________
   Payment: (Cash, personal credit card, UCSD Travel Card, or personal check) _________

   Nature of expense: _________________________________________
   Cost: $________
   Payment: (Cash, personal credit card, UCSD Travel Card, or personal check) _________

   Nature of expense: _________________________________________
   Cost: $________
   Payment: (Cash, personal credit card, UCSD Travel Card, or personal check) _________