

ITEMIZATION OF TRAVEL EXPENSES

Please submit this form, along with receipts and/or cancelled checks, to *Susan* 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) _____

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Cost: \$ _____

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