

Name \_\_\_\_\_

Dept Code \_\_\_\_\_

(Shaded areas for BRC use only)

TR #

Business Purpose: \_\_\_\_\_

Destination \_\_\_\_\_

Travel Dates \_\_\_\_\_ Time \_\_\_\_\_ through \_\_\_\_\_ Time \_\_\_\_\_

Dept Contact: \_\_\_\_\_ EXT \_\_\_\_\_

Account	Fund	Project	Sub	Object	Source	%
FAU	-				-	
FAU	-				-	

(Attach separate sheet if additional FAU is needed)

● **Complete and send to:**  
**BRC, UCOP, 1111 Franklin St., 9th Flr, Oakland, CA 94607-5200**

**PAYEE INSTRUCTIONS:**

- **Original receipts are required** for airfare, hotel, car rental, entertainment, conference registration, and expenditures of \$75.00 or more. ● ATTACH PRE-APPROVAL if required—reference EVP Business Operations website\*
- Tape all original receipts on 8.5x11 white paper, portrait orientation, in order of expenditure. ● **Do not tape over printed areas of receipts.**
- Entertainment expenses require an attachment (or BRC Entertainment Form) listing the business purpose, all attendees *and their job title and affiliation*. ● **ATTACH MEETING AGENDA** if applicable.
- **Items Requiring Receipts:** Check [  ] categories of attached receipts, and check [  ] payment method below *if paid from other than personal funds*.

**Airfare**  
 Corp Card  
 Prepaid by UC

**Hotel**  
 Corp Card

**Car Rental**  
 Corp Card

**Conference Registration**  
 Corp Card  
 Prepaid by UC

**Entertainment**  
 Corp Card

- **Receipts Recommended:** Fill in amounts under corresponding category and check [  ] box on the right *if paid by Corporate Card*.

Date of Expenditure	Meals & Incidentals		Daily Parking		Taxi / Shuttle		Gas / Tolls		Public Transport & Rail		Auto Mileage		Other Exp	
	(Tips on Meals, Skycap, Hotel Staff) <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		(Including Tips) <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		(BART, AirBART, Bus, MUNI, AC Transit, etc) <input checked="" type="checkbox"/>		(Number of Miles) <input checked="" type="checkbox"/>		(Internet, Phone, Checked Baggage Fees, etc) <input checked="" type="checkbox"/>	

\* **Approving Authority Statement:** I approve this reimbursement from department funds for the stated University purpose.

I certify that it is an appropriate use for the fund source and that the reimbursement complies with University policy

\*TOTAL \_\_\_\_\_

Approving Authority Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_