

# Non-Employee Reimbursement Form

## BRC Business Travel Summary

<b>UCOP - Business Resource Center</b> 1111 Franklin Street, 9th Floor, Oakland, CA 94607 DEPT. NAME _____			Dept Code	TR NUMBER
				[BRC ONLY]
TRAVELER'S NAME Non-employee	Affiliation	Phone	Meeting/Conference (full name):	
TITLE:				
Traveler full mailing address:		Preparer Name		Preparer Email
Mailing address line 2:	Zip Code:	Preparer phone		Date prepared

LOC	ACCOUNT	FUND	Project	SUB	Source	% split	BUSINESS JUSTIFICATION PURPOSE OF TRIP

PERSONAL CAR MILEAGE - Enter total miles in detail below.*	
Depart City:	Arrival City:
Depart DATE	Arrival DATE
Depart City :	Arrival City:
Depart DATE	Arrival DATE

EXPENDITURES & REIMBURSEMENTS	
<b>IMPORTANT:</b> Please insert funds as appropriate indicating if expense was paid from personal funds, corporate card or prepaid/direct bill. Please <b>DO NOT</b> enter any expense in more than one category below.	Travel Destination(s) Event Location: (City/State)  Event Dates: _____ Date(s) of Travel

NON-EMPLOYEE Travel Expense Detail	Enter Expenditures in appropriate column		Auto Fill		Receipt	Expense Exceptions or Detail
	Direct Billed/ Prepaid	PERSONAL FUNDS	TRIP TOTAL	REIMBURSABLE TO TRAVELER	Check if Attached	
CONFERENCE REGISTRATION						
AIRFARE						
AIRFARE Other Fees - e.g. baggage fees, change fees						
HOTEL / LODGING <small>IMPORTANT: if parking, food &amp; incidentals are included on hotel bill do not double enter in categories below</small>						
RENTAL CAR						
RENTAL CAR GAS						
Meals & Incidentals (totals carry over from page 2) (M&I that is not included in hotel bill)						
Total Ground Transportation: (totals carry over from page 2)						
MILEAGE: *Estimated Mileage (Rate X Miles) <b>0.535</b> x Total	Enter Total Miles					
PARKING (that is not included on hotel bill)						
TOLLS						
OTHER (Describe)						
<b>Estimated Totals</b>						<b>NOTE: This is an estimate of reimbursement. Actual reimbursement will be determined by UC policy.</b>

Personal Travel part of this trip?    Yes    No	Dates of personal travel (airfare comparison for business portion of travel required)
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Expenditures of \$75 or above require original itemized receipts. Please secure all receipts with tape on 8 1/2 x 11 white paper in order of expense date & submit with this form.

ADDITIONAL COMMENTS:

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**Approving Authority Statement:** I approve this commitment of department funds for the stated University purpose. I certify that it is an appropriate use for the fund source and that the transaction complies with University policy.

Approving Authority (Signature) \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Phone \_\_\_\_\_

### Travel Meals & Incidentals Details (G-28)

List meals & incidentals during travel. Ref: **MEALS (G-28)** Per Person Maximum

Notes	Date of expense	Personal Funds
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Carry over to Page 1	<b>Estimated Total M&amp;I</b>	

Mode of Ground Transportation	From	To	Date of expense	Personal Funds
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Carry over to Page 1		<b>Estimated Total Ground Transportation</b>		

Use this space for additional comments