

BRC Travel & Business Entertainment Summary - Employee Reimbursement Form

UCOP - Business Resource Center 1111 Franklin Street, 9th Floor, Oakland, CA 94607			Dept Code	TR NUMBER
				[BRC ONLY]
TRAVELER'S NAME	DEPT. NAME	PHONE	Date(s) of Travel	
Meeting/Conference (full name):		Event Dates:	Event Location: (City/State)	
Prepared by	Preparer Email	Preparer phone	Date prepared	

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

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

EXPENDITURES & REIMBURSEMENTS	Travel Destination(s)
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IMPORTANT: Please insert funds as appropriate indicating if expense was paid from personal funds, corporate card or prepaid/direct bill. Please DO NOT enter any expense in more than one category below.							
	Enter Expenditures in appropriate column		Auto Fill		Receipt		
Travel Expense Detail	Direct Billed/ Prepaid	T&E CARD	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 & incidentals are included on hotel bill do not double enter in categories below)</small>							
RENTAL CAR							
RENTAL CAR GAS							
Meals & Incidentals <small>(totals carry over from page 2) (M&I that is not included in hotel bill)</small>							
Entertainment <small>(manually type in amounts from page 2 totals)</small>							
MILEAGE: *Estimated Mileage <small>(Rate X Miles) 0.575</small>							
Total Ground Transportation: <small>(totals carry over from page 2)</small>							
PARKING <small>(that is not included on hotel bill)</small>							
TOLLS							
OTHER (Describe)							
Estimated Totals							NOTE: This is an estimate of reimbursement. Actual reimbursement will be determined by UC policy.

***MILEAGE NOTE** - As a general rule the basic mileage reimbursement guidelines are as follows:
Business travel on weekdays day or evening: UC reimburses business mileage in excess of normal commute expenses only.
Business travel on weekends or UC holidays: Report mileage from home to the destination using the most direct route.
 Please see chart **How mileage and ground transportation reimbursements are calculated for UCOP travelers** for more detailed information.

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.

Personal Travel part of this trip? Yes No	List dates of personal travel (airfare comparison for business portion of travel required)	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
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Travel Meals & Incidentals Details (G-28)

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

Notes	Date	T&E Card	Personal Funds
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Carry over to Page 1 **Estimated Total M&I**

Date	Mode of Ground Transportation	From	To	T&E Card	Personal Funds
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Carry over to Page 1 **Estimated Total Ground Transp**

Business Entertainment Reimbursement Details (BUS-79)

NOTE: Entertainment expenses require the business purpose, all attendees and job title, and affiliation for reimbursement.

Type of Expense: _____ Number of Participants: _____

Business Purpose: *(Required)* _____

Official Host: _____ Department: _____

Additional Approval Required-Entertainment? Ref: [Additional Approval \(Appendix B BUS-79\)](#)

ATTENDEES: (Please attach list if needed)

Name	Title	Affiliation

Original itemized receipts required for all business entertainment expenses \$75 or more. Ref: [Appendix A \(BUS-79\) Per Person Maximums \(pg 21\)](#)

Business Entertainment Description	Date	T&E Card	Personal Funds
		\$	\$
		\$	\$
		\$	\$

Transfer these totals to Page 1 **Estimated Total Entertainment**

Comments/Notes: _____