

Non-Employee Reimbursement Form

BRC Business Travel Summary

UCOP - Business Resource Center 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	
<p>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.</p>	<p style="text-align: center;">Travel Destination(s)</p> <p>Event Location: (City/State)</p> <p>Event Dates: _____ Date(s) of Travel</p>

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 & 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) 0.545 x Total	Enter Total Miles					
PARKING (that is not included on hotel bill)						
TOLLS						
OTHER (Describe)						

Estimated Totals **NOTE: This is an estimate of reimbursement. Actual reimbursement will be determined by UC policy.**

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:

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 of expense	Personal Funds
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Carry over to Page 1	Estimated Total M&I	

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

Use this space for additional comments