BRC Business Resource Center UCOP EMPLOYEE TRAVEL-ENTERTAINMENT REIMBURSEMENT

Name

(please sign on this line next to your typed name before mailing)

Business Purpose:

Participant at October 17th Roundtable "Building Capacity for Institutional Transformation in the Twenty-First Century: Women of Color in STEM and SBS FIELDS" hosted by UCI

Destination Irvine

Travel Dates _____ *Time* _____ *through* _____ *Time* _____

Dept Contact: Kevin O'Neal **EXT** 7-9028

Dept Code 8090

(Shaded areas for BRC use only)

TR #

	Account	Fund	Project	Sub	Object	Source	%
FAU	M-660605	21136	-	07	-		
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 8.5 x 11 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	Hotel	Car Rental	Conference Registration	Entertainment
Corp Card ☐	*Corp Card* ☐	*Corp Card* ☐	*Corp Card* ☐	*Corp Card* ☐
Prepaid by UC ☐			*Prepaid by UC* ☐	

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

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

****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:** Susan Carlson **Date** _____

* Pre-Approval Info: EVP Business Operations Website: http://www.ucop.edu/busops/ucopbudget/expend.html