

Non-Employee Reimbursement Form

BRC Business Travel Summary

UCOP - Business Resource Center 1111 Franklin Street 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			
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.			
Event Location: (City/State)		Event Dates: Date(s) of Travel	
	Enter Expenditures in appropriate column	Auto Fill	Receipt

NON-EMPLOYEE Travel Expense Detail	Direct Billed/ Prepaid	PERSONAL FUNDS	TRIP TOTAL	REIMBURSABLE TO TRAVELER	Check if Attached	Expense Exceptions or Detail
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) 0.70 Enter Total Miles						
Total 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