INFORMATION FOR TRAVEL EXPENSE VOUCHER (TEV)

NAME:			1AIL			
					sue the check. An <u>automated</u>	
					d.edu with the subject line and to this automated message.	
	•					
SOCIAL SECUP	RITY NUMBE	R:				
US CITIZEN	Yes	No	VISA	STATUS (REQU	UIRED)	
(*)	- ,				, , , , , , , , , , , , , , , , , , ,	
BUSINESS ADI	DRESS: (Visi	tors Only)		HOME ADDRI	ESS: (Visitors Only)	
						
						
PURPOSE OF 1	「RAVEL:					
DATE TRAVEL STARTED:			Departure Time:			
			Return Time:			
UC EMPLOYEE	S (Use Interc	ampus trav	el OR list (Campus/Departi	ment):	
		,				
Unallowable expe	enses: Late cho	irges, comm	unication/	fax/phone/interne	t, entertainment, alcohol, travel	
					ots required for auditing meals.	
Ту	pe of Travel		# of	Daily Amount	Total	
	Expense		Days	(Includes tax)	Amount of expense	
LODGING						
AIRFARE						
PERSONAL CA	AR					
Mileage:		_				
License Plate#	#:					
OTHER transp	ortation					
AUTO RENTAI		not reimbursed				
TAXI and/or P						
REGISTRATIO						
MEALS/Incide		ceipts required				
FOREIGN Per	Diem					
HONOBABILIM	Vec	No XX	Λmount ¢	(Not all	lowed on Federal funds)	
					for no more than 3 days per event.	
Payments for interna	ational visitors red	quire: Social S	ecurity#; Aca	ademic Certification f	orm, WBEN & 8223 forms.	
TO BE FILLED	OUT BY D	EPARTME	NT	TR	IP EVENT #	
TRAVELER \$ _		uc	Travel C	ard \$	TO UC \$	
PI APPROVAL		DEPT. AUTHORIZATION				
FUNDING SOU	RCE: _					
			Inde	x Fund	Account	