

2020 Travel Information Sheet – NOTE 60 DAY PROCESSING DEADLINE OR REIMBURSEMENTS WILL BE REPORTED AS TAXABLE INCOME

Fill in all appropriate information on this sheet, obtaining PI approval. **Return this form with your original, itemized receipts that reflect payment, agendas and/or flyers for the event/s attended, and any other related materials to your Travel Delegate.** UCD employees will receive an email when it is time to review and submit your Travel Report in the AggieTravel system electronically. Non-UCD employees will receive a PDF requiring signature and return of a travel summary form.

Traveler information: Are you a UC Davis employee? Yes No Are you a US citizen? Yes No

Name (please print): _____

Address: _____

Telephone number: (____) _____ email: _____

Trip information: Trip name: _____ Trip purpose: _____

Departed: Month ____ Day ____ Year ____ at ☉ _____ am pm

Returned: Month ____ Day ____ Year ____ at ☉ _____ am pm

****Group Leaders must attach a list of approved companion travelers; include name, title and affiliation.****

Complete if any part of this trip was covered by a travel cash advance or CTS airfare—NOTE, ALL CTS NOT RECONCILED WITHIN 60 DAYS OF TRAVEL WILL BE REPORTED AS TAXABLE INCOME:

Advance amount \$ _____ Was airfare prepaid by our office? Yes No

Private car mileage: From location: _____ To location: _____

Miles claimed: _____ (January 1, 2020 rate is 57.5 cents/mile). # passengers in addition to driver: _____

_____ Vehicle identifier: License plate number _____ OR make/model _____

Check box to confirm private car is covered by public liability insurance at minimum limits. *Unconfirmed vehicle identifier and insurance will delay travel report reimbursement

Four trips or more per month require submission of current, valid insurance certificate to Travel Delegate. OFFICIAL AGGIETRAVEL 2020 MILEAGE LOG REQUIRED FOR ALL MULTIPLE DATE TRIPS

Documentation needed: Please provide **original** receipts for **all** travel expenses including the following:

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|--|--|
| 1. Lodging (not to exceed \$275/day) | 4. Rental car/taxi/transportation/parking |
| 2. Airfare (must show proof of payment and flight information) | 5. Meals nte \$62/day (must be itemized-no alcohol) amount over \$62/day will not be reimbursed |
| 3. Registration fees | 6. Supplies purchased during travel |

Original itemized receipts for all expenses (list below) – receipts must show proof of payment.

Expense itemization: Indicate below the amount you spent on each item for each day on travel status.

(Circle items paid for with your Corporate Card if applicable.)

| Date | Meals & incidentals | Lodging | Parking, tolls, taxi, shuttle, etc. | Airline ticket | Reg. fees, vehicle rental, other |
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P.I. Information: _____ **Account Number:** _____ **Processor Initials:** _____

Print P.I. Name

P.I. Approval Signature

Date

