

Travel Reimbursement for APS Training
REPORT ACTUAL EXPENSES ONLY
All listed/noted items are subject to change

INSTRUCTIONS

NOTE: Reimbursement provided for trips 50 miles or further one way.

Use the travel expense worksheet to record each participants travel related to attending an APS training. Please include the date/time of departure and date/time of return. Record actual lodging, meal, and transportation expenses in the appropriate columns. Attach all **original** receipts for expenses of \$10.00 or more. Please complete a Travel Expense Worksheet for each staff member that is requesting travel reimbursement.

1. Subsistence

A. Travel more than 24 hours

Meals and lodging will be reimbursed for actual expenses up to the **maximum** allowable as outlined below:

Dinner (only meal that is reimbursable): \$26.00

Lodging (receipt mandatory for reimbursement) \$115.00
prior approval required for higher nightly rate

B. Travel less than 24 hours

Meals will not be reimbursed unless an overnight stay was involved.

Maximum for meals remains \$26.00. The following must be true for each meal reimbursement to occur:

- **For dinner reimbursement:** travel must begin before 5:00 p.m. or end after 7:00 p.m.

2. Transportation

A. Private car

Private car mileage will be reimbursed at the IRS rate of .54 cents per mile.

Please record your mileage on the travel expense worksheet. **We must have your car license number before reimbursement can be made.**

B. Rental car

The university will **NOT** reimburse the optional liability insurance offered by rental car companies (CDW/LDW).

C. Miscellaneous

Parking, taxi and tolls will be reimbursed per original receipt.

TO EXPEDITE REIMBURSEMENT

- **Please be sure to sign and date the bottom of the Travel Expense Worksheet.**
- **Include all original receipts marked paid for lodging, airfare, rental car w/gas receipts, and all other expenses of \$10.00 or more. Receipts must indicate “paid” or have a “zero” balance. Be sure to itemize incidental expenses (receipts not required).**
- **Submit an invoice on county letter head that includes the total amount of all reimbursement requested.**
- **All travel reimbursement requests are due by the 15th of the month.**
- **Mail completed travel expense form, receipts and county invoice to:**

**UC Davis Extension
Northern California Training Academy
Attn: Christie Mendes
1632 Da Vinci Court
Davis, CA 95618**

OR

**Scan and email to:
aps@ucdavis.edu**

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NON-EMPLOYEE TRAVEL EXPENSE WORKSHEET	UC DAVIS EXTENSION
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PAYABLE TO (Please Print): _____

AGENCY: _____

CONTACT: _____

ADDRESS: _____

DAYTIME PHONE: _____

PARTICIPANT NAME: _____

Required if private car miles are claimed:
 Vehicle License # _____ Liability Insurance? Yes No

***Purpose of Trip:** _____
 *Include class title and date of training

Accounting Information: UC DAVIS USE ONLY

Account	Sub Account	Project	Amt./ % or Other	UCDE FS ONLY
Travel Worksheet Total:				

Date (Required)	Time of Departure & Return (Required)	Between what Points (City, State, Country) (Required)	Private Car Mileage	Transportation (Gas, Rental Car)	Location Where Expenses Incurred (City)	Lodging (Receipt Required)	Dinner Actual Amount

I CERTIFY THAT THE ABOVE IS A TRUE STATEMENT, THAT THE EXPENSES CLAIMED WERE INCURRED BY ME ON OFFICIAL UNIVERSITY BUSINESS ON THE DATES SHOWN, AND THAT I HAVE ATTACHED ORIGINAL RECEIPTS FOR EACH EXPENSE AS REQUIRED BY UNIVERSITY POLICY.

Traveler Signature: _____ Date: _____

Approval Signature: _____	Print Name: _____	Date Signed: _____	Direct Phone Number: _____