



UNIVERSITY OF CALIFORNIA, DAVIS  
**TRAVEL EXPENSE VOUCHER U85**

- AN ADVANCE WAS GIVEN (IF YES SEE BOX 20)
- PAY CORPORATE VISA (NO DaFIS DOC IS REQUIRED)
- REIMBURSE TRAVELER

HOME CAMPUS Davis		CITY OF RESIDENCE WOODLAND		DATE 5/24/2005
UNIVERSITY EMPLOYEE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		US CITIZEN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		REIMBURSEMENT FROM NON-UC SOURCE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
NON-UC EMPLOYEE: HOME ADDRESS IF DIFFERENT FROM ABOVE			UC-EMPLOYEE NUMBER OR UC EMPLOYEE SSN 555441234	
NAME AND CHART/NUMBER OF ACCOUNTS TO BE CHARGED <b>A&amp;FS GENERAL FUNDS 3-6610001-2000</b>				
COMPLETE THIS SECTION WHEN PRIVATE CAR USED				
VEHICLE LICENSE NO. 121ABCE		DOES CAR USED HAVE LIABILITY INSURANCE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

(25-42)  
 Name & Check Mailing Address: **JOSEPH JONES  
 ACCOUNTING & FINANCIAL SERVICES  
 CAMPUS MAIL**

PURPOSE AND DESTINATION OF TRIP  
**WACUBO MEETING - SAN DIEGO, MARCH 1-5, 2004**

1. MONTH/YEAR		4. SUBSISTENCE				9. TRANSPORTATION				15. REGISTRATION FEE, FOREIGN TRAVEL, BUSINESS, OTHER EXPENSES		16. TOTALS	
2. TIME OF DEPARTURE AND RETURN	3. DAY	5. FOREIGN PER DIEM HOURS	6. LOCATION WHERE EXPENSES INCURRED	7. COST OF MEALS / INCIDENTALS	8. COST OF LODGING	10. BETWEEN WHAT POINTS	11. PRIVATE CAR MILEAGE	12. COST OF TRANSPORTATION	13. TYPE USED	14. PARKING, TOLLS, CARFARE, TAXI, BAGGAGE, ETC.	15. TYPE	15. COST	16. TOTALS
5:30AM	01		WOODLAND - SAN DIEGO	40.00	105.00	WOODLAND - AIRPORT	15.0	6.08	PC		RF	300.00	451.08
	01							180.00	A				180.00
	02			42.00	105.00								147.00
	03			45.00	105.00								150.00
	04			50.00	105.00					50.00			205.00
5:30PM	05		SAN DIEGO - WOODLAND	33.00		AIRPORT - WOODLAND	15.0	6.08	PC				39.08
												2.00	

17. TOTAL HOURS FOREIGN TRAVEL: 0  
 DAYS: 0  
 HRS: 0.0  
 15 UP TO 21 HRS. = 3/4 DAY  
 21 UP TO 24 HRS = 1 DAY

PER DIEM NOT ALLOWED WHEN TOTAL TRIP UNDER 21 HOURS: 0 X 0 = 0.00

18. RECAP US BANK VISA EXPENSES		19. REMARKS:	
A. VISA CHARGES	AMOUNT \$720.00	AIRFARE CHARGED TO CTS ACCOUNT - RECEIPT ATTACHED  LODGING DEPOSIT CHARGED TO VISA WAS PAID AN ADVANCE ON DC DOC 007216351 \$200.00 FIRST CHECK WRITTEN TO REIMBURSE TRAVELER FOR EXPENSES NOT CHARGED TO VISA	
B. VISA CASH ADVANCE(S) (include any ATM fees in this figure)	0.00		
C. VISA FIRST CHECK(S)	72.16		
(18A,B,C) TOTAL US BANK VISA ACCT EXPENSES	\$794.16		

21. 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 OF \$75 OR MORE, AS REQUIRED BY UNIVERSITY POLICY. TRAVELER SIGNATURE: _____ DATE: _____		20. ADVANCES		22. TOTAL EXPENSES \$1,174.16																					
23. AUTHORIZING SIGNATURE: _____ DATE: _____		20A. DIRECT CHARGE ADVANCES		LESS VISA ACCT TOTAL (18A,B,C) \$794.16																					
TYPE OR PRINT NAME & TITLE:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>DaFIS DOC #</th> <th>AMOUNT</th> <th>TOTAL</th> </tr> <tr> <td><input type="checkbox"/> CASH</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> REGISTRATION FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> HOTEL DEPOSIT</td> <td>007216355</td> <td>200.00</td> <td>\$200.00</td> </tr> <tr> <td><input type="checkbox"/> OTHER</td> <td></td> <td></td> <td></td> </tr> </table>			DaFIS DOC #	AMOUNT	TOTAL	<input type="checkbox"/> CASH				<input type="checkbox"/> REGISTRATION FEE				<input checked="" type="checkbox"/> HOTEL DEPOSIT	007216355	200.00	\$200.00	<input type="checkbox"/> OTHER				LESS DAFIS ADVANCES (20A) \$200.00	
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		20B. AIRFARE ADVANCE		AIRFARE ADVANCE (20B) \$180.00																					
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				24. BALANCE DUE \$0.00																					
				If money is due the university, from an underutilized advance, see the Instructions tab for the proper procedure. If a negative balance exists for Visa charges, they must be paid directly to US Bank.																					

25. FORM PREPARED BY: \_\_\_\_\_ TEL: \_\_\_\_\_ EXT: \_\_\_\_\_ ACCOUNTING OFFICE APPROVAL: \_\_\_\_\_

**ORIGINAL**

Send signed original to Accounts Payable (+ 1 copy if address is different from DaFIS address)  
 1 copy to traveler  
 1 copy for department files