

**REMOVAL VOUCHER**

(25-42)				DEPARTMENT				DATE OF HIRE				DATE													
NAME AND ADDRESS FOR MAILING CHECK				UNIVERSITY EMPLOYEE Yes      No				US CITIZEN Yes      No				REIMBURSEMENT FROM A NON-UC SOURCE LIST IN REMARKS SECTION      NO AND SUBTRACT FROM TOTAL													
				PURPOSE AND DESTINATION OF TRIP								NON-UC EMPLOYEE HOME ADDRESS IF DIFFERENT FROM ABOVE				UC EMPLOYEE NUMBER OR NON UC EMPLOYEE SSN									
COMPLETE THIS SECTION WHEN PRIVATE CAR USED				YES      NO				NAME AND NUMBER OF ACCOUNT TO BE CHARGED																	
VEHICLE LICENSE NO.      DOES CAR USED HAVE LIABILITY INSURANCE																									
1 MONTH/YEAR		4. SUBSISTENCE						9. TRANSPORTATION						15.		16.									
2. TIME OF DEPARTURE AND RETURN		3 DAY		5. FOREIGN PER DIEM HOURS		6. LOCATION WHERE EXPENSES INCURRED		7. COST OF MEALS/ INCID.		8. COST OF LODGING		10. BETWEEN WHAT POINTS?		11. PRIVATE CAR MILEAGE		12. COST OF TRANSPORTATION		13. TYPE USED		14. PARKING TOLLS, CAR-FARE, TAXI, BAGGAGE ETC.		15. REGISTRATION FOREIGN TRAVEL, BUSINESS, OTHER EXPENSES COSTS		16. TOTALS	
Sub-Total																									
17. TOTAL HOURS				FOREIGN TRAVEL				Days				<small>3 UP TO 9 HRS 1/4 DAY</small> <small>9 UP TO 15 HRS 1/2 DAY</small> <small>15 UP TO 21 HRS 3/4 DAY</small> <small>21 UP TO 24 HRS 1 DAY</small>				<small>PER DIEM NOT ALLOWED</small> <small>WHEN TOTAL TRIP UNDER 21 HOURS</small>				<small>TOTAL DAYS TO NEAREST QUARTER</small> X <small>AUTHORIZED PER DIEM</small>					
18. ADVANCES				DATE OR REQUISITION NUMBER				AMOUNT				19. REMARKS													
(18) TOTAL ADVANCES												SUBTRACT TOTAL ADVANCES FROM TOTAL EXPENSES													
												SUB TOTAL													
												20. TOTAL ADVANCES													
												(18) TOTAL													
												AMOUNT AFTER TAXES													
AUTHORIZED SIGNATURE				(Type Authorized Signer Name & Title Here)				DATE				23. 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.				21. BALANCE DUE									
												SIGNATURE				DATE									
																TRAVELER      UC REGENTS*									
																*ATTACH REFUND CHECK PAYABLE TO THE REGENTS OF UC									
24. FORM PREPARED BY:				(Type Your Name Here)				TEL EXT:				MAIL BOX NO.				ACCOUNTING OFFICE APPROVAL									
Accounting use only		LOC 3		4 ACCOUNT		9 FUND 14		SUB 15		16 OBJECT CODE 19		20 INVOICE DATE 28		43 REFERENCE NO 48		55 VENDOR 59		TAX CODE 60		61 LIEN AMOUNT/ 68 SS#		73 AMT 80 TO BE PAID			

RETN: ACCOUNTING: 5 YEARS SUBJECT TO CONTRACT AND GRANT REQUIREMENTS  
 OTHER COPIES: 0-5 YEARS      White--Forward to Accounting Office