

Section 1:		Important: Form must be filled out in Adobe Reader 8 or above for form functionality					
CTE Travel & Entertainment Reconciliation See the Form Guide for help with filling out and submission		204 Submitted or on file. Note: If NOT on file, complete Payee Setup 204 form					
		Document #: I			Date Due:		
Traveler's or Cardholder's Name: (Last, First, M.)		Affiliation			Enter all payments made to or on behalf of the traveler from Section 3 of corresponding TAR, CTE Card USBank Statement, or USBank Transaction History		
Team Affiliation (Optional):		U.S. Citizen Yes No			Trip Number		
Traveler's Email:		Form Prepared By:			Expenses		TAR CTE
Campus Mail Stop:		Dept / Division:			Airfare		
(or)Traveler's Address:		E-mail:			Reg Fee		
		Phone:			Lodging		
Additional Notes (Optional):					Other		
					Total		
					Enter cash advances from UCSC		
					Cash Advance		

Section 2: All Actual Expenses: Enter the total expenses below from all payment methods for each business purpose. To itemize expenses see attached [TERF Worksheet](#).

Business Purpose									Total Expense	Description of Expense:
Date										
Business Expense Type	Entertainment	Travel	Entertainment	Travel	Entertainment	Travel	Entertainment	Travel		
	Supplies	Other	Supplies	Other	Supplies	Other	Supplies	Other		
Destination										
Personal Car Mileage (1/1/2023)										
Personal Car Mileage Reimbursement (65.5¢ /mile)										
Airfare *										
Rental Car * (excludes insurance)										
Other Transportation										
Parking/Tolls										
Conference Registration *										
Lodging (room + tax only) *										
Meals & Incidentals (\$79 max/day or (O) CONUS/diem)										
Misc. & Supplies (Explain)										
Entertainment (explain with ERA)										
TOTALS:										Total of all actual expenses

*** Must submit original itemized receipts regardless of amount**
Note: Failure to submit reconciliations within 60 days of statement availability will result in account suspension
 Traveler's certification: I certify the above are actual expenses incurred by me while on official University business per the dates shown, and that the original receipts are attached for each expense of \$75.00 or more, per [UC policy \(G-28\)](#). I certify that I have complied with CA's auto liability insurance law while operating my personal auto on University business.

<Less payments made on behalf of traveler>	All actual Travel/Entertainment expenses paid for with the CT&E card are not reimbursed, so reduce from the actual expense total
<Less Cash Advance>	Cash Advance is reduced from total expenses
Reimbursement or <Payment Due>	Amount due back to Cardholder, auto populates line one of reimbursement, may be split funded by clicking the custom amount box.

Section 3: Reimbursement to Traveler Check box if split funding reimbursement or to clear the field

Fund	Organization	Account	Activity	Amount	Description of Expense	Doc. Ref. Number

Section 4: Transfer of Expense Check box if your department will process TOE(s)

Fund	Organization	Account	Activity	Amount	Description of Expense	Doc. Ref. Number
Payment Due From Traveler:			TOE Total:		Credit to Default Cardholder FOAPAL:	

Traveler/Cardholder Signature Required _____ **Date:** _____

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Tier 1: Signature Required: _____ **Date:** _____

Funding Authorization (PI, Fund Manager, Advisor)

Senior Officer Auth Signature: (If required) _____ **Date:** _____

ETP- exception to policy
See attached email approval

Tier 2: Signature Required: _____ **Date:** _____

Funding Authorizer Verification (Advisor, Research Accountant)

Other Departmental Approvals: (If required) _____ **Date:** _____

Ex. Other Departmental Expense Authorizer

Revised- 1/05/22