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|---|--|---|--|---|--|
| 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 Vendor #:@ | | 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: | | Phone: | | Expenses | |
| Campus Mail Stop: | | Dept / Division: | | TAR | |
| (or)Traveler's Address: | | E-mail: | | CTE | |
| | | Phone: | | Airfare | |
| Additional Notes (Optional): | | Form Prepared By: | | Reg Fee | |
| | | Dept / Division: | | Lodging | |
| | | E-mail: | | Other | |
| | | Phone: | | 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 (1/1/2020) | | | | | | | | | | |
| Personal Car Mileage Reimbursement (57.5 ¢ /mile) | | | | | | | | | | |
| Airfare * | | | | | | | | | | |
| Rental Car * (excludes insurance) | | | | | | | | | | |
| Other Transportation | | | | | | | | | | |
| Parking/Tolls | | | | | | | | | | |
| Conference Registration * | | | | | | | | | | |
| Lodging (room + tax only) * | | | | | | | | | | |
| Meals & Incidentals (\$62 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**

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 |
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| Payment Due From Traveler: | | | TOE Total: | | Credit to Default Cardholder FOAPAL: | |

Traveler 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

Tier 2: Signature Required: Date:

Funding Authorizer Verification (Advisor, Research Accountant)

Other Departmental Approvals: (If required) Date:

Ex. Other Departmental Expense Authorizer

v2.8 - 1/3/2020