

<b>Section 1:</b>		<b>Important: Form must be filled out in Adobe Reader 8 or above for form functionality</b>			
<b>CTE Travel &amp; Entertainment Reconciliation</b> See the <a href="#">Form Guide</a> for help with filling out and submission		204 Submitted or on file. Note: If NOT on file, complete <a href="#">Payee Setup 204</a> 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	TAR      CTE
Campus Mail Stop:		Dept / Division:		Airfare	
(or)Traveler's Address:		E-mail:		Reg Fee	
		Phone:		Lodging	
Additional Notes (Optional):				Other	
				<b>Total</b>	
				<b>Enter cash advances from UCSC</b>	
				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 (1/1/2021)										
Personal Car Mileage Reimbursement (56 ¢ /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)										
<b>TOTALS:</b>										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 Signature Required** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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.

**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*

**Revised- 3/02/21**