Viticulture & Enology
Daily Log for Travel Expense Claim Form

Date:_____________________________________  Employee ID: __________________
Name and _________________________________  ONLY NEED IF NOT UC EMPLOYEE   SS#____-____-_____
Address for________________________________  US Citizen?_______________
Mailing:__________________________________  Other UC Campus Employee? _______________________________
Check:___________________________________  Travel Date(s):   _______________________________
Telephone:________________________________  Purpose and Destination:  _______________________________
Private Vehicle?   Yes / No  Insurance?  Yes / No  License Plate Number:_________________________
UC Vehicle?       Yes / No  Rental Vehicle? Yes / No  Airline/Carrier: _________________________
Used CTS Billing System:   Yes / No  (Cost of Transportation Column)
Claim the ACTUAL COST of each item. For period of time greater than 12 hours but less than 24 hours, daily Meal and Incidental expenses (M&I) Cannot exceed $42.00/day. For travel time of 24 hours or more, the total M&I allowance is not to exceed $64.00/day. (Component guidelines: Breakfast=$12.00; Lunch=$18.00; Dinner=$31.00; Total Meals=$61.00/day + Incidentals=$3.00/day for a total M&I=$64.00/day) $ amount is needed in the Meal & Incidents section and not check mark. All other Expense must be identified and explained below*.
Private vehicle reimbursement is: Effective 1/1/06 to 12/31/06 44.5 cent per mile Effective 1/1/07 48.5 cent per mile
ORIGINAL RECEIPTS(not copies or credit card receipts) are required for:
1. All lodging 3. Vehicle rentals 5. Any expense over $75
2. Airline/train/bus tickets 4. Registration fees for Conferences and Meetings 6. All Other Expenses (must be described below*)

<table>
<thead>
<tr>
<th>TIME</th>
<th>LOCATION</th>
<th>SUBSISTENCE</th>
<th>TRANSPORTATION</th>
<th>OTHER EXPENSES</th>
<th>TOTAL EXPENSES</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Meals &amp; Incidents</td>
<td>Total I&amp;M</td>
<td>Lodging</td>
<td>Mileage</td>
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Subtotal of Expenses for Back Page
TOTAL AMOUNT TO BE REIMBURSED (OR OWED)

* Explanation of all other Expenses/ Remarks:

Account Name:__________________ LOC.#:________ ACCT.#:__________________ SUB ACCT.:__________________ ID#
APPROVAL:__________________ FACULTY AUTHORIZATION ______________________________

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## Daily Log for Travel Expense Claim Form

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- **Between What Points?**

*Bring total expenses of this page to front page*

*Explanation of all other Expenses/ Remarks:__________________________*