

Missing Original Receipt Reimbursement Form University of California, Merced

	Travel & Entertainment Affidavit
Traveler's Name:	
Business Purpose:	
Receipt Vendor:	
Travel Dates:	
Amount:	
reflect actual expenses incurred duri these expenses will not be submitte University travelers normally shall not of co-travelers who are sharing a roadvance. (See Section V.E.4., Paymay By signing, traveler is certifying that www.ucop.edu/ucophome/policies/bi	ot be reimbursed for expenses paid on behalf of other persons, except in the case from. Exceptions to this rule, such as supervised group trips, must be approved in ment of Group Subsistence Expenses, for more information.) they will abide by all the terms of conditions of UC Travel Policy G-28 http://fb/g28.html , including that meals and incidental charges "shall not be treated as a actual reasonable costs incurred, subject to the daily maximum reimbursement
https://www.documents.dgs.ca.g 20.pdf "Employees who claim the	he/she understands that according to the California State Administrative Manual ov/sam/SamPrint/NEW/SAM Master/Rev426June14/Chap 700 SAM/7 allowable rate without submitting receipts with their travel expense claims should cantiate out-of-pocket expenses in the event of an audit by the State or the IRS."
By signing, traveler is certifying the reimbursement from any other ent	nat cost being requested for reimbursement by UC Merced will not be claimed fo tity.
No Alcohol Was Purchas	sed
Spouse/Partner did not a	attend
Traveler Signature:	Date: