

Instructions for Post-Travel From

1. Be sure to fill out ALL information in top left corner, including your email address. This is how the GSA Treasurer and the FAST office will contact you if there is a problem with your form.
2. List expenses by day and category. Put the date in the top of each column and the amount for each day in the boxes corresponding to the appropriate category. For expenses that span multiple days, such as airfare and conference registration, list the total amount under the first day of the trip.
3. For travel in a private car, you may request reimbursement for EITHER gas expenses (receipts required) OR mileage. You may NOT request reimbursement for both mileage and gas on the same trip; the standard mileage rate is meant to include the cost of gas.
 - i. If you are requesting reimbursement for mileage, list the *miles* traveled for each day next to the box labeled “PC mileage”, then calculate the mileage expense (num. of miles x standard rate) and put that amount in the box directly under the miles (box labeled “Car license#.” – see example on next page). **PUT YOUR LICENSE PLATE NUMBER IN THE BOX NEXT TO “CAR LICENSE#.”!** Please also include the travel cities in the comments box where it says “to/fr:”
 - ii. If you are requesting reimbursement for gas expenses, list the amounts under “Other Transportation” (separated by day) and include your receipts. You must also include your license plate number in the box labeled “Car license#.” Please include the travel cities in the comments box where it says “to/fr:”

Your application will be considered incomplete if you fail to include your license plate number for any private car travel expenses! Your application will be delayed and may be returned, please see item 6 under General Guidelines, below.

4. Total each column and each category (i.e. both horizontally and vertically). Put the Final total in the last box of the “TOTAL EXPENSE” column.
5. **DON'T FORGET TO SIGN AND DATE** where it says “Traveler’s Signature”. You do not need your advisor or any other person to sign your post-travel form. (A Faculty member must sign the Faculty Sponsor Statement).

General Guidelines

1. Please note that GSA funds are NOT guaranteed. Unfortunately, due to recent budget cuts, we anticipate that not every successful application will be funded. We prioritize based upon whether you have alternate funding available and whether you have previously received funds from the GSA. Please see our website for more information: <http://www2.ucsc.edu/gsa/grants/travel.html>
2. Effective FALL 2005, meals are no longer reimbursable by the GSA.
3. Be sure to **INCLUDE ALL ORIGINAL RECEIPTS**. Mileage is the only expense which doesn't require receipts (you must include receipts for gas, parking and tolls). Unfortunately, receipts cannot be returned. If your department is paying part of your expenses, you can either submit separate expenses to your dept. and to the GSA, OR you can fill out ONE post-travel form and one set of receipts and have both your department and the GSA authorize it. We recommend you have your department authorize their portion before sending it to the GSA. NOTE: having alternate funds from your department may decrease your chance of receiving GSA funds, see item 1 under General Guidelines, above.
4. Be sure to include all expenses for which you are requesting GSA reimbursement, even if the total is larger than the maximum award amount. Please do NOT include expenses which you are not requesting GSA reimbursement for (i.e. expenses for you which you don't have an ORIGINAL receipt).
5. If you make a mistake while filling in the form, please use white-out or a new form, rather than scribbling it out.
6. Incomplete or incorrect applications will be returned, and can be submitted by the next quarter's deadline. Late applications will not be processed. Be sure to submit the ENTIRE application, including all supplemental forms by the deadline.

IF YOU HAVE QUESTIONS, PLEASE EMAIL gsatravel@ucsc.edu **BEFORE** THE DEADLINE!

POST TRAVEL EXPENSE

AP REVIEW: YES NO

Traveler's Name: **Sally M. Slug**
 Traveler's Email: **sslug@ucsc.edu**
 Address: **Department of Slug Cuisine**
UC Santa Cruz, 1156 High St., 95064
 Phone: **459-9999**
 Destination(s): **Slugtown, CA**
 Purpose of Travel: **Slug Cooks of America, Annual Meeting of Slug Chefs**
 Departure Date: **9/30/2005** Time: **8am**
 Return Date: **10/4/2005** Time: **8pm**

Office Use Only
 Trip Number: _____ Date: _____
 Document # _____
 Date Due: _____
 Prepared by: _____ Email: _____ Ext: _____
 Vendor#@ _____

If traveler chooses to include personal travel, record times/dates based only on the business portion of the trip.
 Provide explanation of personal travel.

Payments Made To/Or On Behalf Of Traveler

Airfare: Enter all payments made on behalf of traveler.
 RegFee:
 Lodging: <http://www.ucsc.edu/finaff/ap/travel/travel/TravPostInstrSC.htm>
 Total:
 Cash: Enter cash advances issued by UCSC

Description of Expense	Date	Date	Date	Date	Date	Date	Date	TOTAL EXPENSE	COMMENTS
	9/30/2005	10/1/2005	10/2/2005	10/3/2005	10/4/2005				
<i>Airfare *</i>									to/fr:
PC Mileage .485 per mile (or .405 if prior to 9/1/05)	112 mi.				112 mi.				to/fr: Santa Cruz, CA to Slugtown, CA and back
Car license#: 5SLG569	\$54.32				\$54.32			\$108.64	
<i>Rental Car * (exclude ins)</i>									to/fr:
Other Transportation									to/fr
Parking/Tolls									
Conference Registration*	\$20.00							\$20.00	
Lodging * (rm+tax only)	\$40.00	\$40.00	\$40.00	\$40.00				\$160.00	
<u>Meals & Incidentals</u>									Claim ACTUAL costs for meals/incidentals, up to \$50/day
<u>Foreign Per Diem</u>									
Long Term									
Miscellaneous (explain)									
**Totals from additional pages									on behalf of Traveler Less Cash Advance Due to Traveler or <Due to Regents>
TOTALS:	\$114.32	\$40.00	\$40.00	\$40.00	\$54.32			\$288.64	

*** Must submit original receipts. ** Use additional forms for further expenses and explanations**

Traveler's certification: I certify that the above is a true statement, that the expenses claimed were incurred by me while on official University business on the dates shown, and that I have attached original receipts for each expense of \$75.00 or more, as required by University policy. I certify that I have complied with California's auto liability insurance law while operating my personal automobile on University business.

Sally M. Slug 11/5/05
Traveler's Signature - Required Sign and Date

 Other Authorizing Signatures Sign and Date

Amount to be charged to FOAPAL					
Fund	Org	Account	Program	Activity	Amount

 Authorized Funding Signature and Date