



**Division of Financial and Business Services
Disbursement Control
Travel Expense Report**

Reimbursee's
Name _____

Department _____ Account# _____ Check Request# _____

Destination _____ Period Covered _____

Business Purpose _____

Instructions: Any single expenditure of \$25.00 or more must have the receipt attached. Mount all receipts on 8 1/2 x 11 inch sheets of paper. Submit this form and all receipts to Disbursement Control: UGB or Mailcode 8015. NOTE: Any "Government Unallowable" (G/U) expense must be identified in the appropriate column(s) below. See page 2 of this document for definitions of "G/U."

| I. Incidentals | | | | Subtotals |
|-----------------------|---|--------|------------|------------------|
| Date | Incidentals (explain) & Government Unallowables | Amount | G/U Amount | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| II. Transportation | | | | |
|---------------------------|---------|--------------|--------|------------|
| Type | Company | Date of Trip | Amount | G/U Amount |
| | | | | |
| | | | | |
| | | | | |

| III. Food and Lodging Reimbursement Methods | | | | Pick Only One (A, B, C) | |
|--|------------------|--------|---------|-------------------------|--|
| A. Actual Lodging and Meal Expenses | | | Lodging | | |
| Hotel | Dates: From / To | # Days | Rate | Amount | |
| | | | | | |
| | | | | | |
| | | | | | |

| Meals (including tips) & *G/U Meal Expense (e., alcohol) | | | | | | | |
|---|--------|-------|--------|-------|--------|-------|--------|
| Date: | Amount | Date: | Amount | Date: | Amount | Date: | Amount |
| B | | B | | B | | B | |
| L | | L | | L | | L | |
| D | | D | | D | | D | |
| *G/U | | *G/U | | *G/U | | *G/U | |
| +(Indicate name(s) of guest (if any) and Business Relationship (Refer to appropriate amount above)) | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| B. Actual Lodging and Meal Allowance | | | | | |
|--|--|--------|--|-----------|--|
| Actual Lodging: Use Actual Lodging Table under "A" and enter amount in Box "1" | | | | | |
| Meal Allowance | | days @ | | per day = | |
| | | | | | |

| C. Per Diem (Proof of Travel Required) | | | | | |
|--|--|--------|--|-----------|--|
| | | days @ | | per day = | |
| | | | | | |

IDENTIFY OTHER FUNDING SOURCES (e.g., NIH, CO-SPONSOR) TO BE DEDUCTED FROM THE ABOVE:

| Date | Explanation | Amount |
|------|-------------|--------|
| | | |
| | | |

TOTAL EXPENDITURES

THIS IS AN ACCURATE REPORT OF MY EXPENSES. THERE ARE NO "GOVERNMENT UNALLOWABLE" EXPENSES, AS DEFINED ON PAGE TWO OF THIS FORM, UNLESS SEPARATELY IDENTIFIED ABOVE. ALL OTHER FUNDING SOURCES FOR THIS TRIP(S) ARE IDENTIFIED ON THIS FORM AND REDUCED FROM THE TOTAL COST.

REIMBURSEE SIGNATURE REQUIRED.

(Reimbursee's Signature) Required

Date

(Supervisor's Signature) Required

Date



**Division of Financial and Business Services
Disbursement Control
GOVERNMENT UNALLOWABLE DEFINITION**

Government unallowables are those items that, although potentially appropriate and reimbursable from other university sources, are not allocable to government activities per Federal Government regulation. (See *USC Expenditure Manual* for appropriateness of reimbursement.) The items listed below must be identified and segregated regardless of the account bearing the expense to avoid their being allocated to various government indirect cost categories.

ALL expenses related to:

- Alumni Events** - including fund-raising expenses
- Commencement** - including student graduation parties
- Development** - including promotional gifts to donors
- Public Relations** - including banquets & advertisements
- Student Activities** - including contributions to student organizations and events

As well as the following specific expenditures regardless of business purpose:

- Alcoholic Beverages**
- Contributions**
- Donations**
- Fines and Penalties** - including interest charges
- First-Class Airfare** - difference between first class & regular coach airfare is government unallowable
- Flowers**
- Gifts**