

DATE:		TRAVELED TO:				LAST 4 DIGITS	ON P-CARD:	
(Note: each day of travel should	have its own form per p card.)							
Approved Per Diem amoun	t per person per day on first a	nd last day of travel: \$		Approved Per Diem amount pe	er person per day on r	emaining days: \$		=
	Attach copies o	f itemized receipts to this fo	orm. Forms without rece	ipts will be returned. Do not	purchase alcohol	with the UCSD p	o-card.	
EMPLOYEE NAME	PURCHASE ORDER #	BREAKFAST VENDOR	LUNCH VENDOR	DINNER VENDOR	BREAKFAST AMOUNT	LUNCH AMOUNT	DINNER AMOUNT	TOTAL DAILY AMOUNT FOR EMPLOYEE
			TOTAL AMOUN	ITS FOR EACH RECEIPT:				
accordingly. Write the name	es of all employees covered by occurring within the state of lo	y the P-Card on the back of the	receipt. Documentation requ	As meals are sometimes provided uired: original, itemized receipt sl imum), and included in your dail	howing cost per food	item, sales tax, tota	l cost, and reasonab	ole gratuity. Sales tax may

While using a UCSD P-Card, please remember:

-Alcoholic Beverages are **NOT allowed**. Make sure these charges are not included on the receipt.

-Coffee and beverages as part of a meal are an allowable expense. Coffee and beverages as a separate snack item (NOT part of a meal) are a personal expense and should not be paid for with the p-card.