



UC SANTA BARBARA  
**MATERIALS**

Travel Meal Log

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please indicate, by date, the actual amounts spent for each meal and any incidentals - **ALCOHOL IS NOT REIMBURSABLE**. For domestic travel, the maximum reimbursable amount is \$62 for every 24 hour period. Foreign travel varies depending on city and country, so please contact your travel coordinator for this information.*

**Date:**

**Breakfast:**

**Lunch:**

**Dinner:**

**Incidentals:**

**Daily Total:**

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Grand Total: \$** \_\_\_\_\_

*Traveler's Signature* \_\_\_\_\_