

Travel Reimbursement Request

(Original receipts are required)

NAME OF TRAVELER: _____ UCI Employee ID# _____
 Mailing Address: _____ Or if Visitor, Social Security# _____
 _____ E-mail Address: _____

Please check one of the following:

- US Citizen
- Foreign Visitor (Provide copies of **a**) Visa; **and b**) I-94 (front & back)
- Permanent Resident (Provide a copy of your Resident Alien Card)

Purpose and Destination of Trip (i.e. Name of Conference, institution): _____

Travel Times/Dates: _____ am/pm, on ____/____/____ to _____ am/pm, on ____/____/____
 (Circle one) (Circle one)

Did you receive any **advances**? If so, please list.

Airfare: \$ _____ Hotel: \$ _____ Per Diem: \$ _____ Registration: \$ _____ Other: \$ _____

Airfare? Y N Amount \$ _____ Please attach receipt(s)
The original ticket or travel agency invoice and passenger receipt copy are required.

Hotel? Y N Amount \$ _____ Please attach receipt(s)
Receipt must show payment.

Car Rental? Y N Amount \$ _____ Please attach receipt(s)
Receipt must show payment.

Conference Registration? Y N Amount \$ _____ Please attach receipt(s)

Mileage? Y N License Plate # _____ # of miles _____ (current rate is
(If personal car was used, proof of Liability Insurance is required. Please attach to this form.))

Meals? Y N # of day's _____
 Please fill out the table below with the actual amount spent per day on meals. (Include receipts when requesting max per diem.)

| | | | | | | | |
|------------|--|--|--|--|--|--|--|
| Date: | | | | | | | |
| Amt Spent: | | | | | | | |

Other Expenses? List and provide receipts:

_____ \$ _____ _____ \$ _____
 _____ \$ _____ _____ \$ _____

Host/PI Name: _____ Budget Code or Account to charge: _____

COMMENTS/ADDITIONAL NOTES: _____

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business, on the dates shown, that I have attached original receipts as required by UC Policy and understand the privacy notification on the reverse side of this sheet.

Traveler's Signature: _____ **Date:** _____

PI Approval Signature: _____ **Date:** _____

Please complete this form, attach original receipts and submit to: _____