

Travel Reimbursement Request

(Original receipts are required)

NAME OF TRAVELER: _____ UCI Employee ID# _____
 Mailing Address: _____ Or if Visitor, Social Security# _____
 (for Visitors only) _____ 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 ____/____/____

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 receipt, including ticket number and proof of payment is required.

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

Car Rental? Y N Amount \$ _____ Please attach receipt(s)
Receipt must show payment, including rental agreement number and mileage in and mileage out.

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

Mileage? Y N # of miles _____
If personal car was used, do you have Liability Insurance? Yes or No

Meals? Y N # of days _____

Please fill out the table with the actual amount spent per day on meals. (Include receipts when requesting max per diem.)

Date:							
Amt Spent:							

Other Expenses? List date and description and provide receipts:

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

TOTAL _____

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](#).

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

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

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

PRIVACY NOTIFICATION

FEDERAL STATEMENT Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to Sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and pursuant to Regulation 4, section 404.1256, Code of Federal Regulations under section 218, Title II of the Social Security Act, as amended. The Social Security number is used to verify your identity. The principle uses of the number shall be to report payments and income taxes withheld to Federal and State governments.

STATE STATEMENT The State of California Information Practices Act of 21977 requires the University to provide the following information to individuals who are asked to supply personal information about themselves: The principle purpose of requesting this information on this form is to report payments for income tax purposes to Federal and State governments, as applicable. University policy and State and Federal statutes authorized the maintenance of this information. Furnishing all information requested on this form is mandatory-failure to provide such information will delay or may even prevent the payment for which this form is being completed. Information furnished on this form is used by University departments for nonpayroll payments, and may be transmitted to the State and Federal governments as required by law. Individuals have the right of access to this record as it pertains to themselves. Campus Accounting Officers are responsible for maintaining the information contained on this form.