

Travel Reimbursement Request
Original Receipts Must Be Included

NAME		UCI Employee ID#	
Mailing Address:		If Visitor, Soc. Sec.#	
		E-mail Address:	
		PAY CORPORATE CARD?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please check one of the following:

US Citizen Yes No **Permanent Resident** Yes No
Foreign Visitor Yes No **UC EMPLOYEE?** Yes No

(Provide copies of: a) Visa; and b) I-94 (front & back)

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

	Time	am	pm	Date	to	Time	am	pm	Date
Travel Times/Dates:		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	

EXPENSES: (All totals will automatically populate from the Travel Worksheet.

If you are NOT using attached Worksheet, amounts may be entered manually on the cover sheet.

<i>The original ticket receipt, including ticket number and proof payment is required.</i>		AIRFARE	\$	-			
AIRLINE TICKET NUMBER(s):							
<i>Receipt must include itemized folio and show payment.</i>		LODGING	\$	-			
<i>Receipt must show payment, including rental agreement number, mileage in and mileage out.</i>		RENTAL CAR	\$	-			
<i>Please attach conference registration proof of payment</i>		Conf Reg/Pkng/Tolls	\$	-			
Number of Days:	0	@		Per Diem Rate	Per Diem	\$	-
Miles Driven:	0	@	0.55	mileage rate		Mileage	\$ -
:: IF MILEAGE INCLUDES MORE THAN ONE DAY OF TRAVEL, YOU MUST USE the Detailed Worksheet attached :: If personal car was used, do you have Liability Insurance?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vehicle License Number:					Meals	\$	-

:: ONLY COMPLETE THE TABLE below MANUALLY if you are NOT using attached WORKSHEET
 :: Enter the ACTUAL amount spent per day on meals or the MI&E rate that is being used for EACH DAY.
 :: Include receipts when requesting MAXIMUM per diem rate.

Date:							
Amt. Spent:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Date:							
Amt. Spent:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

<i>Taxi, Train, Bus please include original receipts</i>	Transportation Other	\$	-
	Other Misc Expenses	\$	-

Please list items and provide receipts in the box above

TRAVEL ADVANCES

Airfare	Per Diem	Registration Fee	Hotel	Meals	Other
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

AIRFARE ADVANCE PAYABLE TO:

Travel Store
 Traveler

CERTIFICATIONS AND SIGNATURES

TOTAL EXPENSES: **\$0.00**
TOTAL ADVANCES: \$0.00
TOTAL REIMBURSEMENT: **\$0.00**

ADJUSTED TOTAL REIMBURSEMENT:
if different than TOTAL REIMBURSEMENT ABOVE

	B/C	Account / Fund	Amount
Host/PI Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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: _____ Date _____
Exceptional Approval Signature: _____ Date _____

FOR OFFICE USE ONLY:
PREPARED BY: _____ **DATE PREPARED:** _____
Complete this APPROVED form, attach original receipts and submit to: _____ (Financial Analyst)
rev. 11-12-1442009 A. Lara (laraa@uci.edu)

