## TDLC Site Visit 2012 Travel Expense Reimbursement Request Form

					PI/Advisor:			
Name:			Email Address:		Visa Type (if not US Citizen):			
Social Security Number: Mailin Only required if not in UCSD				ng Address for reimbursement check:				
travel system. You will be								
contacted if needed.								
Event Information								
Purpose of E	Event: Travel to	s Sc	an Die	go to attend TDLC S	Site V	/isit		
Destination: San Diego				Start Date/Time:			End Date/Time:	
Desinfation. Sur Diego								
Expenses Summary (All receipts must be originals)								
1. <u>Meal Expenses</u> : Applies to short-term travel (less than 30 days), enter your actual meal claims below. <b>Meals will be reimbursed up to \$35/day on your travel days (June 12 &amp; June 14) and for</b>								
dinner on 6/13/12. Alcohol will not be reimbursed. You must submit your ITEMIZED receipt for								
every purch	•					,		
Date	Breakfast			Lunch		Dinner		Daily Total
6/12/12								
6/13/12								
6/14/12								
				transportation, etc.				
				UCSD or the Estancie portation, only up to			idursea. Ke	ental cars will be
Date				Description				Amount
-								
Total								

Please fill in **ALL SECTIONS** the form. Failure to do so will delay your reimbursement. Attach all original receipts and send to Kate Shanks at 9500 Gilman Drive, MC 0523, La Jolla, CA 92093-0523. Questions? Email <u>kshanks@ucsd.edu</u>, 858-822-2902