

Travel Reimbursement Request Form

Please **PRINT** clearly

Date _____

Account Names or Account Funds to be Charged: _____

Traveler Name: _____

Address: _____
street address apt #

_____ city state zip daytime phone #

Email address _____

(SS# required for non-UC employees only)

U.S. Citizen: Yes No

U.C.I. Employee I.D. # 09

Date & Time Left Home: _____ AM/PM Date & Time Returned home: _____ AM/PM

Destination & Purpose of Trip: _____

SUMMARY OF EXPENSES

Airfare: _____

Car Rental: _____

Registration Fees: _____

If Mileage is Being Claimed

License Plate #: _____

Is there liability Insurance for this vehicle/driver?
 Yes No

** List amounts for **each** day in appropriate column outlined below

**Date	City	Meals & Incidentals	Hotel	Phone	Mileage \$0.51/mile	Taxi/Bus	Other (explain)	TOTAL
TOTAL								

Explanation/Remarks: _____

**Total amount to be reimbursed:
 or Total amount to credit corpoptate card:**

The above is a true statement of travel expenses incurred by me on official University business on the date(s) shown.

 Traveler's Signature

 Authorized Signature for fund source

 Preparer's name

ORIGINAL RECEIPTS ARE REQUIRED AT ALL TIMES

Please tape receipts to 8 1/2 x 11 sheet of paper. Please do NOT staple.

For policies please refer to : <http://www.policies.uci.edu/adm/pols/715-01.html>