

TRAVEL EXPENSE REIMBURSEMENT / TRAVEL ADVANCE

UNIVERSITY OF CALIFORNIA IRVINE		UCI EMPLOYEE	
SCHOOL OF SOCIAL SCIENCES, IRVINE, CA		PAYEE NAME: _____	
92697-5100		DEPARTMENT: _____	
		PHONE: _____	E-MAIL: _____
NON EMPLOYEE		CHOOSE PAYMENT TYPE <input checked="" type="checkbox"/>	
PAYEE NAME: _____		TRAVEL REIMBURSEMENT <input type="checkbox"/>	
SOCIAL SECURITY, ITIN OR EMPLOYER ID#: _____		ADVANCE PAYMENT <input type="checkbox"/>	
MAILING ADDRESS: _____		CASH ADVANCE <input type="checkbox"/>	
CITY/STATE: _____		CLEAR ADVANCE <input type="checkbox"/>	
ZIP CODE: _____	PHONE: _____	EMAIL: _____	
<input type="checkbox"/> US CITIZEN / PERM RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE COPY OF I-94, VISA PAGE & COMPLETED ACADEMIC CERTIFICATION			
DESTINATION: _____			
PURPOSE OF TRAVEL: _____			
TRAVEL DATES: _____		DEPARTURE TIME: _____	RETURN TIME: _____
EXPENSE TYPE:	INSTRUCTIONS / POLICY		AMOUNT
ADVANCES	LIST ALL ADVANCES OR PREPAYMENTS MADE TO YOU OR ON YOUR BEHALF FOR THIS TRIP. TRIP NUMBER: _____		_____
AIRFARE	ORIGINAL INVOICE / ITINERARY AND RECEIPT REQUIRED (MUST INCLUDE 13 DIGIT TICKET NUMBER AND PROOF OF PAYMENT).		_____
LODGING	ORIGINAL ITEMIZED HOTEL FOLIO (LIST ROOM AND TAX ONLY.)		_____
REGISTRATION	ORIGINAL PAID RECEIPT & COPY OF CONFERENCE AGENDA REQUIRED. MEALS INCLUDED IN REG FEE? <input type="checkbox"/> Y <input type="checkbox"/> N		_____
RENTAL CAR	ORIGINAL RECEIPT. MUST INCLUDE MILES IN / OUT. ADD'L INS. PDW / LDW WILL NOT BE REIMBURSED UNLESS OUTSIDE CONT. U.S. (INCL. AK & HI).		_____
GROUND TRANSPORTATION	EXPENSES FOR TAXI, TRAIN, BUS, ETC. LIST EACH. SEPARATELY. DATE: _____ AMT: _____ DATE: _____ AMT: _____ DATE: _____ AMT: _____ DATE: _____ AMT: _____		_____
MILEAGE (Liability Insurance Required for Mileage Claims)	55 ¢ PER MILE ~ AS OF JULY 08. ATTACH COMPLETED MILEAGE LOG FORM. LIABILITY INSURANCE? <input type="checkbox"/> Y <input type="checkbox"/> N		_____
MEALS / CONUS (48 Contiguous States within the Continental US incl. D.C.)	ACTUAL EXP. UP TO \$64.00 per day(no meals for travel less than 24hrs). DATE: _____ AMT: _____ DATE: _____ AMT: _____ DATE: _____ AMT: _____ DATE: _____ AMT: _____ DATE: _____ AMT: _____ DATE: _____ AMT: _____		_____
PER DIEM MEALS / FOREIGN / OCONUS. (Outside the Continental US, including AK & HI)	REIMBURSEMENT NOT TO EXCEED PER DIEM MAXIMUM: Location: _____ Date: _____ Per Diem Rate: _____ Location: _____ Date: _____ Per Diem Rate: _____		_____
PER DIEM LODGING/FOREIGN/OCONUS (Outside the Continental US, incl. AK & HI)	REIMBURSEMENT NOT TO EXCEED PER DIEM MAXIMUM: Location: _____ Date: _____ Per Diem Rate: _____ Location: _____ Date: _____ Per Diem Rate: _____		_____
SPECIAL INSTRUCTIONS / OTHER EXPENSES: (PHONE, INTERNET, ROAD TOLL, GASOLINE, SUPPLIES, ENTERTAINMENT, ETC)	_____		_____
			TOTAL: _____
			REIMBURSE PAYEE / TRAVELER: _____
			PAY UCI CORPORATE VISA: _____
TRAVEL EXPENSE CERTIFICATION:			
I CERTIFY THAT THIS IS A TRUE STATEMENT OF TRAVEL RELATED EXPENSES INCURRED BY ME FOR OFFICAL UNIVERSITY BUSINESS ON THE DATES SHOWN, AND THAT I HAVE ATTACHED ORIGINAL RECEIPTS IN ACCORDANCE WITH UNIVERISTY POLICY.			
TRAVELER SIGNATURE: _____			DATE: _____
FUNDING			
ACCOUNT / FUND / PROJECT CODE: _____		APPROVAL: _____	
ACCOUNT / FUND / PROJECT CODE: _____		APPROVAL: _____	
*ALL RECEIPTS MUST BE SECURELY TAPED ONTO 81/2 X 11 SHEETS OF PAPER			