

UCI EMPLOYEE		NON-UCI EMPLOYEE	
Payee Name: Principal Name/Net ID: Email: Phone:		Vendor Name: KFS Vendor ID #: Address: City: State: Zip: Email: Phone:	
CHOOSE A PAYMENT TYPE			
<input type="checkbox"/> Travel Authorization	Destination:		
<input type="checkbox"/> Travel Advance	Purpose of Travel:		
<input type="checkbox"/> Final Travel Reimbursement	Travel Dates:	Departure Time:	Return Time:
EXPENSE TYPE	INSTRUCTIONS/POLICY	AMOUNT	
<b>AIRFARE</b>	Itinerary & Receipt <b>Required</b> (must include Ticket # and Proof of Payment) Was Connexus used to book airfare? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, document reason below		
<b>LODGING</b>	Itemized Hotel Folio ( <b>Room &amp; Tax Only</b> )		
<b>REGISTRATION</b>	- Receipt & Copy of Conference Agenda - Meals Included in Registration Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>RENTAL CAR</b>	- Receipt Must Include Miles In & Miles Out & Rental Agreement # - Additional Insurance <b>WILL NOT</b> Be Reimbursed ( <i>Unless Outside Continental U.S.</i> )		
<b>GROUND TRANSPORTATION</b>	Date: Amount: Date: Amount: Date: Amount: Date: Amount:		
<b>MILEAGE</b>	- <a href="#">Mileage Log Form</a> - <a href="#">Mileage Rates</a> - Vehicle Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>MEALS</b> CONTINENTAL U.S. NO MEALS FOR TRAVELS LESS THAN 24 HOURS	<b>ACTUAL</b> Meal Expenses up to \$71.00 Per Day Date: Breakfast: Lunch: Dinner: Date: Breakfast: Lunch: Dinner: Date: Breakfast: Lunch: Dinner: Date: Breakfast: Lunch: Dinner: Date: Breakfast: Lunch: Dinner:		
<b>FOREIGN PER DIEM</b> OUTSIDE OF CONTINENTAL U.S. INCLUDING AK & HI <i>(List each location separately)</i>	<b>MEALS &amp; IE</b>		
	Date: Location: Per Diem Rate: Rate Claiming ( <i>if different than per diem rate</i> ):		
	<b>LODGING</b>		
Date: Location: Per Diem Rate: Rate Claiming ( <i>if different than per diem rate</i> ):			
<b>OTHER EXPENSES</b> PHONE, INTERNET, TOLL, GAS, MEMBERSHIP, SUPPLIES, ETC.			
		<b>TOTAL (U.S. Dollars \$):</b> <b>REIMBURSE PAYEE:</b> <b>PAY UCI CORPORATE VISA:</b>	
TRAVEL EXPENSE CERTIFICATION			
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.			
Signature:			Date:
FUNDING			
KFS ACCOUNT #:	PI/DIRECTOR APPROVAL:		
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