

Department of Psychiatry and Behavioral Sciences  
**TRAVEL REIMBURSEMENT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ SSN \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

**Complete items that apply and attach itemized receipts and itinerary. (Credit card statements cannot be used as receipts).**

**Personal Vehicle Used:** ☐ From \_\_\_\_\_ To \_\_\_\_\_ round trip

Mileage round trip \_\_\_\_\_ Airfare ☐ \$ \_\_\_\_\_ Tolls ☐ \$ \_\_\_\_\_

Vehicle license no. \_\_\_\_\_ Hotel ☐ \$ \_\_\_\_\_ Cab or Bus fare ☐ \$ \_\_\_\_\_

Business phone calls ☐ \$ \_\_\_\_\_ Rental car ☐ \$ \_\_\_\_\_

Parking garage fees ☐ \$ \_\_\_\_\_ Other ☐ \$ \_\_\_\_\_

**Meals - You will be reimbursed for the actual cost incurred according to University policy. Original itemized receipts are required; actual amounts spent must be noted below. (Maximum allowance is \$50.00 per day).**

Date \_\_\_\_\_ B \$ \_\_\_\_\_ L \$ \_\_\_\_\_ D \$ \_\_\_\_\_

Date \_\_\_\_\_ B \$ \_\_\_\_\_ L \$ \_\_\_\_\_ D \$ \_\_\_\_\_

Date \_\_\_\_\_ B \$ \_\_\_\_\_ L \$ \_\_\_\_\_ D \$ \_\_\_\_\_

Date \_\_\_\_\_ B \$ \_\_\_\_\_ L \$ \_\_\_\_\_ D \$ \_\_\_\_\_

Date \_\_\_\_\_ B \$ \_\_\_\_\_ L \$ \_\_\_\_\_ D \$ \_\_\_\_\_

Travel Began Date \_\_\_\_\_

Travel Ended Date \_\_\_\_\_

Departure Time \_\_\_\_\_ AM ☐ PM ☐

Arrival Time \_\_\_\_\_ AM ☐ PM ☐

I certify that the expenses claimed were incurred by me while on official University business on the dates shown. I have attached original receipts as required by the UC Davis Department of Psychiatry and Behavioral Sciences and University policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**--OFFICE USE ONLY-- Account No./Name** \_\_\_\_\_