Travel Reimbursement Request
(Original receipts are required)

NAME OF TRAVELER: _____   E-mail Address:_____

Mailing Address:_____

_____   TOTAL REIMBURSEMENT: $_____

Please check one of the following:

Traveler_____

☐ US Citizen

☐ Foreign Visitor (Provide copies of **a)** Visa; **and b)** I-94 (front & back)

☐ Permanent Resident (Provide a copy of your Resident Alien Card)

Purpose and Destination of Trip (i.e. Name of Conference, institution):_____

_____

Travel Begin/End Dates/Times: start on ____/____/____ @_____ am/pm, **to** ____/____/____ @_____ am/pm

Airfare   Amount $ _____ Attach original ticket receipt & proof of payment.   Ticket #

Hotel   Amount $_____   Attach receipt(s) include **itemized folio** and show proof of payment.

Meals   # of day's _____   Per Diem/M&IE Rate $_____   Maximum Allowed $_____Total $_____

Please fill out the table below with the actual amount spent per day on meals. (Include receipts when requesting max per diem.)

Date:							
Amt Spent:							

Car Rental :Amount $ _____ Please attach receipt(s) showing payment, and rental agreement number & mileage

Mileage: # of miles _____   *If personal car was used, do you have Liability Insurance? ___Yes or ___No*   Mileage Amount $ _____

Other Expenses: List date and description and provide receipts: **Rate for travel in 2018: 54.5 cents/mile**

_____ $ _____   _____ $ _____

_____ $ _____   _____ $ _____

Host/PI Name: _____   Budget Code/ KFS #: _____

COMMENTS/ADDITIONAL NOTES: _____

_____

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.

Traveler's Signature: _____   **Date:** _____

PI Approval Signature:_____   **Date:** _____

Submit to:_____

Rev 6.8.2018