

Travel Reimbursement Request Form

Open this file with your desktop Adobe app. To sign, click on "sign" on the top menu, and place your signature to the signature field.

Traveler's Information

Full Name: _____ Employee UID: _____

Email: _____ Phone Number: _____

If Non-Employee, select preferred method of payment of check or direct deposit via Zelle (check only one). Mailing address is required regardless of payment method.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Check (to mailing address above)

Zelle Email: _____

Zelle Phone Number: _____

Trip Information

Departure City: _____ Destination City: _____

Departure Date: _____ Return Date: _____

Personal Dates _____ Total amount requested: _____

Name of Event/Trip: _____

Business Justification (spell out all acronyms):

Funding

PI _____ PI Approval Signature _____ Date _____

Funding source(s): _____ Fund Manager(s) _____

List any **prepaid/direct-billed** expenses (ie. UC Travel booked airfare, registration, etc.) and provide the documentation. *You are ***NOT*** claiming these as they have already been paid:*

Travel Business-Related Expenses:

***Mandatory** receipts: airfare, lodging, rental cars, registration fees, entertainment and anything over \$75.00

*Meals daily maximum is \$79/day for domestic travel.

*Lodging daily maximum is \$275/day otherwise exception approval is required

*Only economy seating is reimbursable for airfare, otherwise additional justification is required

*Additional insurance of any kind (i.e. traveler's insurance, rental car, etc) are not reimbursable

***Original receipts are required.**

***Please one receipt per file, & use line no below to name your file or mmdd_expense type.**

Your Signature:

Date

FORM NAVIGATION

Page 2 - airfare, lodging, ground transportation, registration, etc

Page 3 - mileage

Page 4 - meals

Lodging, ride-share, public transportation, car rental, parking airfare, registration, etc.

#	Date	Location	Expense type	Name of Vendor	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
Sub total					

MEALS

See next table for shared meals

No.	Date	Location	Daily total	No	Date	Location	Daily total
39				46			
40				47			
41				48			
42				49			
43				50			
44				51			
45				52			

Shared Meals & Shared Groceries

#	Date	Meal	Location	Amount	Justification, attendees names and affiliation (student, employee, business. <small>for overflow text use the box under this table</small>)
53					
54					
55					
56					
57					
58					
59					
60					
61					

Comments, additional space for justification & attendees