

TRAVEL REIMBURSEMENT REQUEST FORM

The Paul Merage School of Business

To be completed by traveler and submitted within a reasonable amount of time not to exceed 45 days after the end of a trip
(please type, print, and sign before submitting for reimbursement)

Payee Information

Name: _____ Employee ID #: _____ Zot code: _____
Complete only if payee is not a UCI employee:
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Email address: _____

US Citizen or Permanent Resident? Yes No - Please provide a copy of your permanent resident card or I-94 and passport. You will also need to complete a "Certification of Academic Activity" form. [Click here to download.](#)

Account Information

KFS Account/Subacct or old UC Account/Fund: _____ Project Code: _____ Org Ref ID: _____
 (Source Code) _____

Authorized Signature to Charge Account: _____

Request for: Pre-trip - Advance Travel Reimbursement (trip has not yet been completed)
 FINAL Travel Reimbursement (trip has ended and no further reimbursement will be requested)

Has a Travel Advance already been assigned to this trip? Yes No

Trip Information

Dates of Trip: Departure Date: _____ Departure time: _____ A.M. P.M.
 (date & time you left & returned home): Return Date: _____ Return time: _____ A.M. P.M.

Purpose of trip: _____

Destination: _____

Summary of Expenses

Original receipts required at all times.

Airfare: _____	Room+tax only, subtract meals, parking, calls, movies, etc. <input type="checkbox"/> Conf. Host Hotel?
Lodging (max \$200 /day): _____	See Travel Policies and Guidelines for clarification.
Car rental: _____	Rate calculated @ \$0.535 /mile for use of personal car.
Meals (max \$74 /day): _____	Liability Insurance required to claim mileage; by claiming mileage on this form, you are indicating that you have adequate liability insurance coverage on all private vehicles used. UCOP BFB-G-28 V.D.3.a.iii.
Mileage: Total Miles: _____	
Toll Road: _____	
Taxi/Bus/Shuttle: _____	
Parking: _____	
Business calls/Internet: _____	
Registration fees: _____	
Other (Explain): _____	
Other (Explain): _____	
Travel advance already paid: _____	
Reimbursement total: _____	

Comments (Please attach additional comments to an 8 1/2" x 11" sheet):

*The above is a true statement of travel expenses incurred by me on official University business on the date(s) shown.
I have attached original itemized receipts for all expenses.*

Traveler's signature: _____

Please attach all original receipts and tape to an 8 1/2' x 11" sheet for scanning purposes; do not staple receipts.