Department of Ecology and Evolutionary Biology

Travel Reimbursement Request Form

Date:

Traveler's Name:

Address:

UCI Employee: ☐ Yes ☐ No

UCI ID #:

US Citizen: ☐ Yes ☐ No

Permanent Resident: ☐ Yes ☐ No

Traveler's contact information (email and phone):

Trip To (i.e. Name of Conference, Institution):

Purpose of Trip:
(Please attach event agenda)

Location:

Travel Times/Dates: From ☐ AM ☐ PM on to ☐ AM ☐ PM on

Did you receive any advances towards this trip? ☐ Yes ☐ No

Airfare: $ Hotel: $ Per diem: $ Other: $

Account - Fund to Charge: -

PI/Lab Name:

SUMMARY OF EXPENSES

Please submit all original receipts, invoices, itemized meal receipts, and any other trip related documents

If mileage being claimed:
Liability Insurance? ☐ Yes ☐ No

Please fill out the table below with the actual amounts spent per day on each category

Expensed Date	City	Airfare (payment date)	Hotel (room + tax only)	Registration Fees	Meals	Mileage $0.51/mi.	Taxi/ Shuttle	Other (explain)	Total

Comments/Additional Notes:

Total Amount Claimed:

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, and that I have attached original receipts as required by UC Policy and understand the privacy notification.

Traveler's Signature: _____

PI Name: _____ PI Approval Signature: _____